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|  Florida Infant Toddler Developmental Specialist Certification Renewal |  |

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| PROVIDER INFORMATION |
| Full Name:  |   First Middle Last |
| Home Address:  |  Street /Apt. # City State ZIP  |
| Home Phone number:  |   |
| Work Phone number:  |   |
| E-mail Address:  |   |
| Individual NPI# (or SS#) |   |
| Local Early Steps enrollment - provide LES name(s): |   |
| Date of Initial Certification or Approval |   |
| Certification Renewal Due Date: |   |
| Date of Renewal: |   |

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| Continuing education credits or in-service hours |
| *By checking the boxes below, I acknowledge that I understand the following requirements:* |
| [ ]  | ITDS Certification must be renewed every three years from the date of the last certification  |
| [ ]  | Twenty-four hours of continuing education credits **AND/OR** in-service hours must be documented every three years in order to renew certification.  |
| SIGNATURES  |
| Signature of Applicant | Date  |
| Signature of Early Steps Director  | Date  |