## ILLINOIS CERTIFICATION BOARD d/b/a IAODAPCA, Inc.

## PETITION FOR CONTINUING EDUCATION UNITS (CEUs)

Check if new address		You may photo	copy this form.		
Name	MI	Last		Credential Num	ber
First Address				Credential Leve	əl
				Board Registrat	ion Number
City Birth Date	State	Zip Cod		Board Registrat	ion Level
Please identify cre	dential (and/or endo	rsement) being req	uested below.		
Credential Type			_		
If requesting CEUs Program section.	s for more than one c	redential, please u	tilize the section b	elow. If not, ple	ase proceed to Name of Training
Credential Type			_		
Credential Type _			_		
Name of Training F	Program				
Number of CEUs R	Requested	Da	te of Training Prog	ram	
Brief Summary of <sup>-</sup>	Training Program Co	ntent and Goals:			
Attach documenta attending the train		ertificate, letter of v	verification, roster	or sign in sheet	) if applying for CEUs after
Signature				_	Date
	ram per petition. Petition Petition Petition.		nitted at least 60 day	ys prior to your c	ertification expiration date in order to
	<b>0 -</b> please send paymon on fee is non-refundab			money order, or	credit card. Make checks payable to ICB, Inc. 401 East Sangamon Avenue Springfield, IL 62702
Please note, a 3.75	5% service charge wi	ll be added to all cr	redit/debit card trar	nsactions.	
Amount to be char	rged				
Credit Card Numbe (VISA or MasterCa	er rd only)			Expiration Dat	te
(Three digit code li	isted near the signat	ure line on the bacl	k of the credit card	) Security Code	:
Name on Card				Telephone Nu	ımber ( )
Billing Address					
City		State		Zip Co	de

July 2025 ICB, Inc. d/b/a IAODAPCA, Inc.