

Recertification Application Form

Name: _____

Home Address (optional): _____

Business Address: _____

Title and Organization: _____

Telephone: _____

Fax: _____

Email: _____

Date of passing the written certification examination:

Date of most recent grant of certification or recertification:

Please list and attach the documentation (for example, names and contents of activities, hours of programs, copies of articles) that confirms that you have met the continuing education requirement for recertification:

Application Fee (non-refundable): \$100

Payment options:

- Check enclosed. Please make your checks payable to: IOA
- Name of credit card (we accept American Express, Visa, MasterCard, Discover)

Name as it appears on your credit card: _____

Credit card number: _____

Credit card expiration date: _____

Please submit this application form directly to:
IOA- Board of Certification,
390 Amwell Road, Suite 402,
Hillsborough, NJ 08844, fax +1 (908) 842-0376.