



Florida Infant Toddler Developmental Specialist Certification Renewal



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:				
CONTINUING EDUCATION CREDITS OR IN-SERVICE HOURS				
<i>By checking the boxes below, I acknowledge that I understand the following requirements:</i>				
<input type="checkbox"/>	ITDS Certification must be renewed every three years from the date of the last certification			
<input type="checkbox"/>	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	