



Iowa CERT Support Committee Basic Training Instructor Renewal

This revision shall supersede all previous versions of this document.

Instructor Information

Last Name:		First Name:		Date:	
Address:			Email:		
City:	State:	Instructor ID Number:	Expiration Date:		
Zip:	Phone:	Add to State Instructor Pool List to Teach for Others? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CERT Basic Training Instructor Renewal Requirements

List the CEH classes you have completed. Include a copy of the class certificates.

Lead Instructor or taught a module at a CERT Basic Training class	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

CEH Description (Write in the Name of Optional CEH's Taken)	Hours	Date
Instructor Refresher (1 Hour Required)		
Instructor Enhancement (1 Hour Required)		
Total CEH's Completed		

Applicant Signature

I attest that all information provided is true and accurate to the best of my knowledge. Any false statement may be grounds for denial, suspension, revocation, or other disciplinary action taken against my acknowledgement.

Name:	Date:
-------	-------

For Office Use					
All Certificates Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Renewal Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Added to Database?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Approval and Revision History

Approved By	Rev	Description
CERT Committee 11-07-2022	-	Initial Release