Florida Infant Toddler Developmental Specialist Certification Renewal

PROVIDER INFORMATION			
Full Name:			
	First	Middle	Last
Home Address:			
	Street /Apt. # ZIP	City	State
Home Phone number:			
Work Phone number:			
E-mail Address:			
Individual NPI# (or SS#)			
Date of Initial Certification or Approval			
Enrolled with the following Local Early Steps			

Date of Initial Certification or Approval:

CONTINUING EDUCATION CREDITS OR IN-SERVICE HOURS		
☐	ITDS Certification must be renewed every three years from the date of the last certification	Date:
☐	Twenty-four hours of continuing education credits **AND/OR** in-service hours is required.	Documentation to be placed on attached ITDS CEU or In-Service Hours form

SIGNATURES	
Signature of Applicant	Date
Signature of Early Steps Director	Date