



# Certified Aging Services Professional (CASP)

## CANDIDACY APPLICATION FORM

Mr.     Mrs.  
 Ms.  
 Other \_\_\_\_\_      Name

Title \_\_\_\_\_

Organization \_\_\_\_\_ Owned by: \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Organization Phone (    )      Ext.      FAX (    )

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (    )      FAX (    )      Cell (    )

E-Mail Address \_\_\_\_\_ Organization Website \_\_\_\_\_

### Organizational Affiliations

AAHSA Member      Yes       No   
 UNT Alumnus/na      Yes       No   
 Is your organization CCAC accredited?      Yes       No   
 Is your organization not-for-profit?      Yes       No   
 Does your job require CASP certification?      Yes       No

### Type of Organization (check only CCRC if CCRC)

CCRC  
 Assisted Living  
 HUD-Financed  
 Market Rate  
 Nursing Facility  
 Other (Specify) \_\_\_\_\_

### Number of Units (list all)


What is your primary responsibility?

Management     Budgeting     Marketing     Board Liaison     Other \_\_\_\_\_

How did you learn about CASP? \_\_\_\_\_

How many years have you been in the field of ageing services? \_\_\_\_\_

## CASP PROGRAM REQUIREMENTS

- ✓ Successfully complete candidacy application process.
- ✓ Successfully complete all three core courses and exams.
- ✓ Receive CASP Certification!

**Work Experience:\***

(Please summarize your employment experience.)

Organization \_\_\_\_\_

City/State \_\_\_\_\_

Dates Employed

From / / To / /

Title \_\_\_\_\_

Primary Responsibilities

- Management                       Budgeting
- Marketing                             Board Liaison

Other \_\_\_\_\_

Organization \_\_\_\_\_

City/State \_\_\_\_\_

Dates Employed

From / / To / /

Title \_\_\_\_\_

Primary Responsibilities

- Management                       Budgeting
- Marketing                             Board Liaison

Other \_\_\_\_\_

Organization \_\_\_\_\_

City/State \_\_\_\_\_

Dates Employed

From / / To / /

Title \_\_\_\_\_

Primary Responsibilities

- Management                       Budgeting
- Marketing                             Board Liaison

Other \_\_\_\_\_

**Educational Experience:\***

College/University \_\_\_\_\_

From / / To / /

Degree/Major \_\_\_\_\_

College/University \_\_\_\_\_

From / / To / /

Degree/Major \_\_\_\_\_

College/University \_\_\_\_\_

From / / To / /

Degree/Major \_\_\_\_\_

**Professional Certifications, Affiliations, Memberships:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payment:**

I have enclosed a check, made payable to UNT, in the amount of: \$130.00.

Please charge \$130.00 to the following credit card:

- American Express                       DiscoverCard
- MasterCard                               VISA

Account Number \_\_\_\_\_

Exp. Date / /

Name of Cardholder \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date / /

**Please Submit Completed Form and Payment to:**

CLAS Office  
 University of North Texas  
 Department of Applied Gerontology  
 P.O. Box 310919  
 Denton, TX 76203-0919  
 FAX: (940) 369-7271

\*If additional entries are required, please reproduce this page.