



# Certified Aging Services Professional (CASP) Recertification Application Form (2005)

## INSTRUCTIONS FOR RECERTIFICATION

1. Please complete Section I (Graduate Profile Information) on the back of this form with your current information. Please inform us if your contact information has changed since you graduated or since your last recertification.
2. Complete Section II (Continuing Education Courses) on the back of this form. PLEASE TYPE IN CHRONOLOGICAL ORDER the educational programs you participated in either as an attendee or speaker between **January 1, 2004 and December 31, 2005**. **Graduates are required to complete a minimum of 22 credits every two years.**

Be sure to include the name of each program, its location (e.g., city, state) and the number of actual classroom hours earned. If additional space is needed, please attach additional information (using the same format) to this original form. You may also attach a copy of your CEU tracking form.

Besides attending traditional seminars and conferences, graduates may serve as mentors, consultants and CMP reviewers in order to earn the required 22 hours.

- ✓ Attendance at seminars/conferences--every 1 hour attended = 1 CEU (no max.)
- ✓ Attending university courses--1 semester (3 credit hour course) = 6 CEUs (no max.)
- ✓ Teaching (non-credit) university courses--every 2 hours teaching = 1 CEU (no max.)
- ✓ Teaching (for-credit) university courses--1 full semester course = 11 CEUs (no max.)
- ✓ Presentations at professional meetings--each 2-hour presentation with new content = 1 CEU (no max.)
- ✓ Paid professional consulting--4 hours = 1 CEU (max. of 4)
- ✓ Comprehensive Management Plan (CMP) mentoring--every 1 person assigned = 1 CEU (max. of 5)
- ✓ Comprehensive Management Plan (CMP) reviewing--every 1 CMP reviewed = 3 CEUs (no max.)
- ✓ Writing an article for a newsletter or magazine = 1 CEU (max. of 5)
- ✓ Revising or contributing to the development or creation of at least one chapter in a new publication = 5 CEU (max. of 10)
- ✓ Participating in a CCAC review team or in a facility undergoing the CCAC process--1 site = 5 CEUs (no max.)
- ✓ Self Study Courses--number of CEUs limited to the number of hours specified for the course (max. of 16)
- ✓ A member of a National, State, or local board/taskforce--1 year term = 3 CEUs (6 max.)
- ✓ Developing and presenting a testimony for a legislative hearing = 1 CEU (max. 4)

**DO NOT SEND ANY ADDITIONAL SUPPORTING DOCUMENTATION AT THIS TIME.** Graduates eligible for recertification will be randomly audited. If selected for an audit, you will be required to submit documentation verifying your participation in the programs you listed. Keep in mind that your recertification may be denied if verification cannot be provided.

3. Sign and date the recertification form.
4. Return this form along with your recertification payment form and recertification fee of \$145.00 (check made payable to UNT) by **December 31, 2007** to:

**Mail: University of North Texas  
CLAS Office-DAG  
P.O. Box 310919  
Denton, Texas 76203**

**or Fax: (940) 369-7271**

5. Please allow 6 to 8 weeks (from the date your application is received) for your recertification application to be approved. Once recertification has been approved, you will receive a new certificate with new certification validity dates.
6. Recertifications must be postmarked by **December 31, 2007** or a \$30.00 late fee will be assessed in addition to the \$145.00 recertification fee.

For further information, contact the CLAS Office at (940) 565-2733.

RC05 2007 Recertification Application FORM

**Certified Aging Services Professional (CASP/ CASPF) Application Form**

**I. CASP/CASPF GRADUATE PROFILE INFORMATION**

PREFIX: (please circle one) MR. MRS. MS. SR. Other \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

PHONE:(\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ FAX:(\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**Please circle the appropriate answer below.**

My name has changed since I graduated or last recertified: YES NO

My address has changed since I graduated or last recertified: YES NO

The mailing address above is my: FACILITY HOME OTHER: \_\_\_\_\_

**II. CONTINUING EDUCATION COURSES**

DATE	COURSE TITLE	WERE YOU A SPEAKER OR AN ATTENDEE	LOCATION	#OF HRS
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TOTAL NUMBER OF CEU HOURS EARNED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Office Use:** Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Reviewed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Staff Initials \_\_\_\_  
 Payment Received Y/N CEUs Complete Y/N Missing Information Y/N  
 To be Audited? Y/N Date Audited \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Recertification Approved \_\_\_\_ / \_\_\_\_ / \_\_\_\_