



A national certification program serving assisted living, CCRC, and other senior housing professionals

CANDIDACY APPLICATION FORM

Mr. Mrs.
 Ms.
 Other _____ Name _____ S.S.# _____

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 RHP certification? Yes No

Type of Organization (check only one 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 RHP? _____

RHP PROGRAM REQUIREMENTS

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

Work Experience:
(Please summarize your employment experience.)

Organization

Dates Employed
From / / To / /

Title

Responsibilities

Organization

Dates Employed
From / / To / /

Title

Responsibilities

Organization

Dates Employed
From / / To / /

Title

Responsibilities

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:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> DiscoverCard |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> VISA |

Account Number

Exp. Date / /

Name of Cardholder

Authorized Signature

Date / /

Please Submit Completed Form and Payment to:

RHP Program
University of North Texas
Department of Applied Gerontology
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Denton, TX 76203-0919
FAX: (940) 369-7271