

Certified Aging Services professional (CASP)

CANDIDACY APPLICATION FORM

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.		
<input type="checkbox"/> Ms.			
<input type="checkbox"/> 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 <input type="checkbox"/>	No <input type="checkbox"/>
UNT Alumnus/na	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your organization CCAC accredited?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your organization not-for-profit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your job require CASP certification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Type of Organization (check only CCRC if CCRC)

<input type="checkbox"/> CCRC
<input type="checkbox"/> Assisted Living
<input type="checkbox"/> HUD-Financed
<input type="checkbox"/> Market Rate
<input type="checkbox"/> Nursing Facility
<input type="checkbox"/> Other (Specify)

Number of Units (list all)

What is your primary responsibility?

Management
 Budgeting
 Marketing
 Board Liaison
 Other _____

How did you learn about CASP? _____

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.