College & University Prevention Accreditation Program Application

(Please type or print)

Name _________________________________________________________________

Mailing address _________________________________________________________

City ___________________________ State _____  Zip __________

Daytime Telephone # (______) ______-___________

Evening or Mobile Telephone # (______) ______-___________

Fax # (______) ______-___________

Email address _____________________________@_____________

Currently Employed as

○ Psychologist     ○ Counselor     ○ Student* (I will graduate in 20___)

○ Social Worker    ○ Other (please specify: __________________)

* If student, please attach and submit proof of student status

Highest Degree ______   Major Field_______________________________

Are you licensed in your professional field?

○ Yes  (If yes, please specify field __________________________)  ○ No

Are you nationally certified in your professional field?  ○ Yes  ○ No

How many years have you worked in an educational setting post highest degree? ______
How are you paying the fee for this accreditation program?
   ○ Using my own funds; I expect to get reimbursed by my school or school system
   ○ Using my own funds; I do not expect to get reimbursed
   ○ My school or the school system is paying for this directly
   ○ Other (please specify: _________________________________)

I would like CE credits** should I achieve accreditation. I would like these from the:
   ○ Yes, as a social worker, from the National Association of Social Workers
   ○ Yes, as a psychologist, from the American Psychological Association
   ○ Yes, as a counselor from the National Board for Certified Counselors

** There is no additional fee for CE credits

Attestation Statement
The undersigned, being hereby warned that intentional or unintentional false statements and the like so made may jeopardize the validity of the application, declares that he/she is properly authorized to execute this application; and that all statements made of his/her own knowledge are true; and that all statements made on information and belief are believed to be true.

Signature: __________________________________________

Signatory’s Name: ________________________________

Date: ______________________________
Submit application and required, non-refundable fee to:

College & University Suicide Prevention Accreditation Program
AAS
5221 Wisconsin Ave., NW
Washington, DC 20015

Fees:  Professionals: $360  Students (with proof of student status): $260

○ I have enclosed a check in the amount of $360/$260 (circle one) payable to AAS
○ I have enclosed a purchase order #: ____________________________
○ Please charge my credit card in the amount of $360/$260 (circle one):
  Name as it appears on card: ______________________________
  Signature_________________________________
  ○ VISA  ○ MasterCard  ○ American Express
  Card #: _______________________________ Exp. Date: ______________

If you are paying by credit card, you may choose to fax this application form (202/237-2282)

Upon receipt of your completed application and fee, you will be mailed a Resource Guide and Recommended Readings to help you prepare for the School Suicide Prevention Accreditation Exam.

You will be given instructions regarding how to access that exam on line once you inform us of your readiness to take the exam.