



EMERITUS APPLICATION

NACAS

1428 Township Road 1596

Ashland, OH 44805

Phone 434-245-8425

Fax 434-245-8453

nacas.org/casp

casp@nacas.org

Please refer to the CASP Candidate Handbook for complete instructions and guidelines.

Part A: Applicant Information

Name (as it appears on your Government Issued ID):

Dr. Mr. Mrs. Ms.

First Name: _____ Middle Initial: _____ Last Name: _____

Professional Title at time of retirement: _____

Institution at time of retirement: _____

In the space below, please provide contact information in which you would like NACAS to contact you regarding your application status and all other future CASP communications.

Mailing address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____ Phone Number: _____

Part B: Verification of Retirement

By completing the CASP Emeritus Application, you are confirming that you have retired from professional activities and request that your CASP designation be transitioned to CASP Emeritus for the indefinite future.

Institution retired from: _____ Date of retirement: _____

Verification Completion (completed by appropriate institutional or company representative as defined above):

Name/Title of Person Verifying Retirement: _____

Relationship to Applicant: _____

Verifier's Email Address and Phone Number:

Email: _____

Phone #: _____

I verify that the retirement date as listed above is accurate to best of my knowledge.

Signature: _____ Date: _____

Part C: Eligibility Criteria

Please check to confirm that you meet the following requirements for CASP Emeritus status:

I am retired from professional activities;

I am a current CASP;

Have documented past contribution to NACAS from at least two of the following categories:

One (1) publication in “College Services;”

One (1) hosted or co-hosted educational program;

One (1) volunteer role (11 or more months in role).

Please list your specific contributions indicated above.

Part D: Continuing Employment

Please indicate any continuing employment in your retirement:

Title: _____ Employer: _____

Hours per week: _____ Profession/Industry: _____

Part E: Application Fee

The current application fee is \$125 NACAS member / \$175 non-member. CASP involved in retiree membership with NACAS are eligible for a waived application fee.

This one time fee grants indefinite CASP Emeritus status, provided candidate upholds NACAS code of ethics and maintains CASP Emeritus criteria.

Indicate your payment information:

I will be paying the following amount:

\$125 NACAS member \$175 non-member

Payment arrangement information:

I will mail a check or money order, made payable to NACAS.

I wish to pay the fee by credit card by calling 434-234-8201, option 4.

Part F: Agreement

Applicant agrees that (initial each box):

I agree to abide by and be judged by the following NACAS Code of Ethics and Professional Conduct for Auxiliary/Ancillary Service professionals, where applicable in my retired status, in order to remain eligible for the CASP Emeritus certification.

The Auxiliary Services Professional shall:

- Represent the institution and association with personal integrity and shall conduct the business of the institution in a professional manner.
- Personal and professional conduct shall be such that it enhances the integrity and prestige of the institution, the association, and the profession.
- Engage in no activities that may be interpreted as a conflict of interest nor accept gifts, favors, or hospitality that imply an obligation of the institution or the association.
- The professional shall not benefit financially, either directly or indirectly, from any decisions made as an officer of the institution or association.
- Promote greater diversity, equity, inclusion and accountability while promoting personnel practices in which recognition, selection and promotion are based on skill, proficiency, educational experiences, measurable potential and productivity.
- Be an intentional and strategic leader, advancing the missions of the institution and association.
- Actively pursue professional development and career enhancement for themselves as well as supporting the advancement of their colleagues and subordinates.
- Foster and support the development of professional standards at the institution, and in all regional and national professional organizations in which they participate.

I agree to the following Candidate Application Statement and agree to all policies, procedures, and terms and conditions in order to be eligible for the certification.

I hereby apply to become a Certified Auxiliary Services Professional Emeritus. I understand that my certification depends on my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I understand that NACAS may require additional information to clarify or supplement this application and I agree to supply it. I understand that if any information is determined to be false, NACAS reserves the right to revoke any certification that has been granted on the basis thereof.

I hereby release, discharge, and exonerate NACAS, its directors, officers, members, examiners, representatives, and agents, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with, any aspect of the application process that may result in a decision not to issue me the CASP Emeritus designation.

I understand, acknowledge, and agree:

- That the questions and answers of the exam are the exclusive and confidential property of

NACAS and are protected by NACAS' intellectual property rights;

- That I will not disclose the exam questions or answers or discuss any of the content of the exam materials with any person, without prior written approval of NACAS;
- That I will not remove from the examination room any exam materials of any kind provided to me or any other material related to the exam, including, without limitation, any notes or calculations;
- That I will not copy or attempt to make copies (written, photocopied, or otherwise) of any exam material, including, without limitation, any exam questions or answers;
- That I will not sell, license, distribute, give away, or obtain from any other source other than NACAS the exam materials, questions, or answers. I agree that my obligations under this Agreement shall continue in effect after the examination and, if applicable, after termination of my certification, regardless of the reason or reasons for termination and whether such termination is voluntary or involuntary;
- That I have the CASP Candidate Handbook;
- That I certify all the information contained in this application is accurate and truthful;
- That all information provided in this application may be verified and I authorize such verification;
- That NACAS will release my name and current certification status at any time post certification.

Signature

Before signing, please review your application for any errors. Applications must be signed in order to be processed.

Signature: _____ Date: _____