



# Recertification Application

**NACAS**

**1428 Township Road 1596 Ashland, OH**

**44805 Phone: (434) 245 - 8425**

[www.nacas.org/member-benefits/casp](http://www.nacas.org/member-benefits/casp)

[casp@nacas.org](mailto:casp@nacas.org)

Please refer to the CASP Recertification Handbook for complete instructions and guidelines

### Applicant Information

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

Dr.  Mr.  Mrs.  Ms.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Agreement (initial each box):

I hereby apply to extend my Certified Auxiliary Services Professional (CASP) Certification. I understand that my recertification depends on my ability to meet all recertification requirements. 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 certification renewal.

In making this renewal application, I fully understand that it is a renewal application only and does not guarantee renewal. I further understand that any false statement or misrepresentation I may make in the course of these proceedings and renewal application may result in the revocation of this renewal application.

I understand that NACAS reserves the right to update this renewal application and that it is **my responsibility** to be aware of the current CASP recertification requirements.

I understand that NACAS will require copies of supporting documentation of my reported recertification credits for review at any time and that failure to provide this information upon request may result in revocation of this renewal application.



The Auxiliary/Ancillary Services (CASP) professional shall:

- Represent the institution with personal integrity and conduct the business of the institution in a professional manner
- Engage in personal and professional conduct that serves to enhance 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 on the part of the institution or association
- Ensure that no personal financial benefit, direct or indirect, is derived 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

As a Certified Auxiliary Services Professional (CASP), I agree to maintain and be judged by these standards.

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

### Payment of Recertification Fee

The current recertification fee is \$175 NACAS member/\$350 non-member. All fees must be received by NACAS before application can be reviewed.

#### Indicate Your Payment Information:

I will be paying the following amount:

- \$175 NACAS member       \$350 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.

#### Please Note:

There is no membership requirement to renew your CASP certification and NACAS members and non-members will be evaluated equally on the renewal application. Neither NACAS nor the CASP Certification Commission discriminates on any basis including race, gender, age, religion, creed, national origin, sexual orientation or disability. Applicants become eligible to maintain the CASP certification upon successfully documenting the outlined requirements and paying the recertification application fee.