College & University Suicide Prevention Accreditation Program Application

(Please type or print)

Name: ______________________________________________________________________________

Mailing Address: _______________________________________________________________________

City: _____________________________________________ State: __________ Zip: ________________

Telephone #: ______________________________________ Fax: ________________________________

Email Address: ________________________________________________________________________

Currently Employed As: □ Psychologist    □ Counselor    □ Social Worker    □ Student*(I will graduate in 20__)
□ 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 (please specify): ____________________________ □ 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?
   o Using my own funds; I expect to get reimbursed by my school or school system
   o Using my own funds; I do not expect to get reimbursed
   o My school or the school system is paying for this directly
   o Other (please specify): __________________________________________

I would like CE credits** should I achieve accreditation. I would like these from the:
   o Yes, as a social worker, from the National Association of Social Workers
   o Yes, as a psychologist, from the American Psychological Association
   o 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: ____________________________________________________ Date: ___________________

Signatory’s Name: ______________________________________________________________________
Submit application and required, non-refundable fee to:

College & University Suicide Prevention Accreditation Program
American Association of Suicidology
5221 Wisconsin Avenue, NW
Washington, DC  20015

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

Payment:
- I have enclosed a check in the amount of $360/$260 (circle one) payable to the American Association of Suicidology
- I have enclosed a purchase order #: _____________________________________________
- Please charge my credit card in the amount of $360/$260 (circle one)

   Name as it appears on credit card: ____________________________________________
   Signature: ____________________________________________________________________

   □ Visa □ Mastercard □ American Express

   Card number: ___________________________ Expiration Date: ______ Credit Card Code: ______

   If you are paying by credit card, you may fax this application form to: 202-237-2282.

Next Steps:

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

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