



**A M E R I C A N**  
**ASSOCIATION OF SUICIDOLOGY**

**College & University Suicide Prevention Accreditation Program Application**

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?

- 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.*

*Please note, application and training materials are non-transferable.*

**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

You may also email the application to [info@suicidology.org](mailto:info@suicidology.org).

**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.