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?

 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.

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.

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.