



A M E R I C A N
ASSOCIATION OF SUICIDOLOGY

School Suicide Prevention Accreditation Program Application

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax: _____

Email Address: _____

Currently Employed As: School Psychologist School Counselor School Social Worker

Student*(I will graduate in 20__) Other (please specify): _____

**If student, please attach and submit proof of student status.*

Current School Setting: High School Middle School or JH School Elementary School

Other (please specify): _____

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? _____

Please answer the following questions with reference to the last 12 months:

- I have counseled a student who either threatened or attempted suicide?
 Yes (If yes, how many would you estimate?) _____ No
- A student in my current school died due to suicide?
 Yes (If yes, how many would you estimate?) _____ No
- A student in my current school made a nonfatal suicide attempt?
 Yes (If yes, how many would you estimate?) _____ No
- A student in my current school expressed to me that they had been thinking of suicide?
 Yes (If yes, how many would you estimate?) _____ No
- I have had to hospitalize/arrange to hospitalize a student because of their having suicide risk?
 Yes (If yes, how many would you estimate?) _____ No

Did you receive any formal training in crisis intervention in your graduate program? Yes No

Do you believe your graduate training was sufficient to prepare you adequately to intervene with suicidal youth or contribute to school postvention (after suicide) activities? Yes No

Have you ever attended a continuing education, in-service training workshop, or seminar that focused on suicide prevention or crisis intervention since receiving your graduate degree?
 Yes (If yes, how many hours?) _____ No

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:

School 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: \$350
- Students (with proof of student status): \$250

Payment:

- I have enclosed a check in the amount of \$350/\$250 (circle one) payable to the American Association of Suicidology
- I have enclosed a purchase order #: _____
- Please charge my credit card in the amount of \$350/\$250 (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 School 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.