The American Association of Suicidology
CRISIS SPECIALIST RE-CERTIFICATION APPLICATION FORM

Name: ____________________________________________

Address: ____________________________________________

City, State, Zip: ____________________________________________

Phone number: ____________________________________________

Email: ____________________________________________

Date certification expires: ______________________

List below all the continuing education hours you have taken in the crisis work field since your last certification began. You must have accumulated 60 hours of crisis intervention learning.

<table>
<thead>
<tr>
<th>NAME OF COURSE</th>
<th>HOURS</th>
</tr>
</thead>
</table>

RE-CERTIFICATION FEE

AAS/CASP Member: $45.00
Non-Member: $75.00
List below your work responsibilities since your last certification. You must show that you have continued to be clinically active in crisis work. Start with your most current work.

<table>
<thead>
<tr>
<th>NAME OF WORK</th>
<th>YOUR RESPONSIBILITIES</th>
<th>DATES</th>
</tr>
</thead>
</table>

My signature testifies that all that I have submitted above accurately represents my clinical activities and training.

______________________________  ________________________
Signature                       Date

Send re-certification form and materials to csandwell@suicidology.org.