

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.

NAME OF COURSE

HOURS

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.

NAME OF WORK

YOUR RESPONSIBILITIES

DATES

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.