

Application for Board Certification or Certificate of Advanced Professional Development

Application for: (Choose one)

- ☐ Board Certification in Special Education
☐ Certificate of Advanced Professional Development



Date:

Mr, Mrs, Ms, or Dr

Address

Last Name

Address 2

First Name

City

Middle

State Zip Code

I am a Member of:

- ☐ AASEP ☐ NASSET ☐ Neither

Email

Phone Number

Education

(list most recent degree first)

Degree	University	Major	Year Attained
<input style="width: 150px;" type="text"/>	<input style="width: 340px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
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Transcript Status (Board Certification Candidates Only)

(ALL APPLICANTS FOR BOARD CERTIFICATION MUST SEND A COPY OF THEIR TRANSCRIPT FROM WHERE THEY OBTAINED THEIR HIGHEST DEGREE)

- ☐ Please check here to indicate that you have sent with this application your transcript from the institution where you completed the highest degree of special education coursework.
- ☐ Please check here to indicate that you have not yet sent your transcript from the institution where you completed the highest degree of special education coursework but will do so within the next 30 days

Background Questions

<input type="checkbox"/> No	HAVE YOU EVER BEEN CONVICTED OF A FELONY (OR IN MILITARY SERVICE CONVICTED BY A GENERAL COURT-MARTIAL)?
<input type="checkbox"/> Yes	If answer is YES, explain fully on a separate sheet.
<input type="checkbox"/> No	HAVE YOU EVER HAD A PROFESSIONAL MEMBERSHIP, LICENSE, REGISTRATION OR CERTIFICATION DENIED, SUSPENDED OR REVOKED (OTHER THAN FOR LACK OF MINIMUM QUALIFICATION OR FAILURE OF EXAMINATION)?
<input type="checkbox"/> Yes	If answer is YES, explain fully on a separate sheet.
<input type="checkbox"/> No	HAVE YOU EVER BEEN CENSURED OR DISCIPLINED BY ANY PROFESSIONAL BODY OR ORGANIZATION?
<input type="checkbox"/> Yes	If answer is YES, explain fully on a separate sheet.

Application for Board Certification or Certificate of Advanced Professional Development - Continued

Last Name

First Name

CURRENT EMPLOYMENT INFORMATION

Company

Address

City

State

Zip Code

Phone Number

Position

☐ Full Time

☐ Part Time

How Long?

COURSE SELECTION

☐ BOARD CERTIFICATION IN SPECIAL EDUCATION - All applicants for board certification must take "REVIEW OF THE MAJOR PRINCIPLES OF SPECIAL EDUCATION" as the first course in the series of 5 courses.

Board Certification Candidates - Please Note:

If you have previously taken Certificate of Advanced Professional Development course(s) and wish to apply for Board Certification, please indicate below above which courses you have already taken

Certificates of Advanced Professional Development

Please Choose the Desired Course

☐ REVIEW OF THE MAJOR PRINCIPLES OF SPECIAL EDUCATION

☐ I Have Completed This Course

☐ PRINCIPLES of IEP DEVELOPMENT

☐ I Have Completed This Course

☐ UNDERSTANDING ASSESSMENT IN SPECIAL EDUCATION

☐ I Have Completed This Course

☐ UNDERSTANDING RESPONSE TO INTERVENTION (RTI)

☐ I Have Completed This Course

☐ SPECIAL EDUCATION ELIGIBILITY

☐ I Have Completed This Course

Tuition Options

Board Certification in Special Education (Pay for All Five Courses Now & Save \$50)

☐ Member \$425 or

☐ Non-Member \$575

Board Certification in Special Education (Pay for Each Course One at a Time)

☐ Member \$95 or

☐ Non-Member \$125

☐ Individual Course Selection - Certificate of Advanced Professional Development

☐ Member \$95

☐ Non-Member \$125

Course Materials - For each course, all required course content is available online and as downloadable PDF files. All online content and PDF files can be viewed on and or printed from your computer at your convenience. In addition to online, downloadable access, all course materials are available in an optional individual binder for each course. Binder option choices below include shipping and handling.

All Binders for Board Certification (5)

☐ Member \$175

☐ Non-Member \$225

Binder for Course Selection Above

☐ Member \$35

☐ Non-Member \$45

No Binder needed. I will access all content online and download PDF files as needed

☐ No Binder (\$0)

Affirmations

Date

Applicants Signature (Required)

This is to affirm that the information contained in this application and all submitted materials are true. I understand that submission of false or misleading information will be grounds for denial of certification and/or suspension or revocation of the opportunity to reapply for certification.

Application for Board Certification or Certificate of Advanced Professional Development - Continued

Last Name

First Name

Payment Options

Please Select Your Preferred Payment Method ☐ Check or Money Order ☐ Credit Card (use form below) ☐ School or District P.O.

Course Tuition

Optional Binder

Total Cost

Name on Credit Card

Billing Address

City

State

Zip Code

Credit Card Number

Expires (mm/yy)

Security Code (MasterCard or Visa) last 3 Digits on signature strip (American Express 4 digits Front Right Center)

We accept:



Security Code

Locations:



X

(Be Sure to Sign Here)

Sign Here For Credit Card Authorization

Upon Approval of this Application, I Hereby Authorize AASEP to Charge My Credit Card the Total Cost Amount Indicated
(Only if Paying by Credit Card)

- ☐ Please use this authorization for subsequent course total charges at the completion of each course.
- ☐ This is a one time authorization for the Total Cost indicated above. I Understand that subsequent tuition charges will require a new authorization form with signature.

Send to AASEP via

Fax 800-424-0371 or

AASEP
Mail 3642 E. Sunnydale Dr.
Chandler Heights, AZ 85142

Upon Review of your application, you will receive email notification of acceptance or denial. Payment will not be processed until your application has been accepted. Any Certificate or Board Certification requires receipt of all applicable required documents regardless of application acceptance or payment status.