



# Request to Change Certification Status

*Directions:* Please complete the fillable pdf form, save and send to AASP via email at info@appliedsportpsych.org or fax at (317) 205-9481. Forms may also be mailed to AASP at 8365 Keystone Crossing, Suite 107, Indianapolis, IN 46240 USA.

**First Name**

**Last Name**

**Mailing Address**

**Phone**

**E-mail**

**Current Certification Status:**

Active

Mentor Only

Emeritus

**Requested Certification Status:**

Inactive

Mentor Only

Emeritus

**Reason for Request:**

*I hereby request the Certification Review Committee to change my current certification status to the requested certification status as indicated above. My signature below attests to the following:*

- 1. I agree to abide by the guidelines regarding the requested certification status.*
- 2. If requesting Mentor Only status, I agree that I will provide mentorship only and not practice as a CC-AASP.*
- 3. If requesting Inactive or Emeritus status, I agree that I will not practice or provide mentorship as a CC-AASP.*
- 4. I understand that I must pay annual membership dues and CC-AASP dues (if applicable) to maintain the requested certification status.*
- 5. I understand that if I allow my requested certification status to expire I will be required to reinstate my status according to the Certification Review Committee's reinstatement policies.*
- 6. I will continue to abide by the AASP Code of Ethics.*
- 7. I understand that all certification status change procedures and policies are subject to change.*

**Signature:** \_\_\_\_\_

**Date:**