Request to Reactivate 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** _____

Requested Certification Status: ◯ Active ◯ Mentor Only ◯ Emeritus

I hereby request the Certification Review Committee to reactivate my Inactive 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 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 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:** _____

PAYMENT INFORMATION

◯ Enclosed is a check or money order payable to AASP in the amount of $25.

◯ Please charge the credit card listed below in the amount of $25.

Card Type _____ **Account #** _____

Exp. date _____ **CSC/CVN** _____

Name _____

Cardholder signature:_____