

COURSE APPLICATION

STARTING YOUR BUSINESS as a SPECIAL EDUCATION ADVOCATE

Date:

Mr, Ms, Mrs or Dr First Name: Last Name: Middle Int:

Address: Address 2: City:

State: Zip Code: Phone Number: Email

NASET MEMBERSHIP STATUS

I Am a Member of NASET: YES NO

EDUCATION

Highest Degree First	School, College or University	Major	Year
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BACKGROUND QUESTIONS

If answer is YES for any question, explain fully on a separate sheet.

- | | | |
|---|-----|----|
| 1) Have you ever been convicted of a felony (or military service convicted by a general court-martial)? | YES | NO |
| 2) 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)? | YES | NO |
| 3) Have you ever been censured or disciplined by any professional body or organization? | YES | NO |

AFFIRMATION

X _____ Date:

Applicants Signature (Required)

This is to affirm the information contained in this application is 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 Continued - Starting Your Business as a Special Education Advocate

First Name:

Last Name:

TUITION OPTIONS

NASET Member's Tuition - \$195.00

Non-Member Tuition - \$250.00

Optional High Quality Certificate - (Suitable for framing) Upon successful completion of the course. \$15.00

PAYMENT OPTIONS

Credit Card (use form below)

Check or Money Order

Electronic Invoice*

* Invoice will be emailed to you

Amount to be paid: Choose Your Tuition:

CREDIT/DEBIT CARD AUTHORIZATION FORM

Name on Credit Card

Billing Address

City

St

Zip Code

Credit Card Number

Expires (mm/yy)

Security Code

We Accept



Security Code Locations:



1. This is a one time authorization for the Tuition Cost indicated above. I Understand that any subsequent tuition charges will require a new authorization form with signature.
2. Please use this authorization for subsequent Module tuition charges at the completion of each Module.

X

Date

Sign Here For All Payment Options - Upon Approval of this Application, I Hereby Authorize NASET to invoice me, or Charge My Credit/Debit Card the Tuition Amount Indicated as the "Amount to be paid"

SAVE This Form When Completed, Then Print Out, Sign & Send to NASET

SEND TO NASET VIA - Email: careercenter@naset.org Fax: 800-424-0371 or

MAIL: NASET Career Center - 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 course requires receipt of payment. Tuition payments are non-refundable. Member's discounted tuition requires that the Member will maintain a paid membership throughout the time that they are completing the course. If membership lapses before completion of the course the Member must renew their membership for continued access to the required course materials and examination.

SAVE This Form When Completed, Then Print Out, Sign & Send to NASET