

# Application for Board Certification or Certificate of Advanced Professional Development

**Application for:** *(Choose one)*

- Board Certification in Special Education  
 Certificate of Advanced Professional Development



National Association of  
**naset**  
 Special Education Teachers

Date:

Mr, Mrs, Ms, or Dr

Address

Last Name

Address 2

First Name

City

Middle

State  Zip Code

Email

Phone Number

**I am a Member of:**

- AASEP    NASET    Neither

## Education

*(list most recent degree first)*

Degree	University	Major	Year Attained

## 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**

<p><input type="checkbox"/> 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.</p> <p><b>Certificates of Advanced Professional Development</b> Please Choose the Desired Course</p> <p><input type="checkbox"/> REVIEW OF THE MAJOR PRINCIPLES OF SPECIAL EDUCATION</p> <p><input type="checkbox"/> PRINCIPLES of IEP DEVELOPMENT</p> <p><input type="checkbox"/> UNDERSTANDING ASSESSMENT IN SPECIAL EDUCATION</p> <p><input type="checkbox"/> UNDERSTANDING RESPONSE TO INTERVENTION (RTI)</p> <p><input type="checkbox"/> SPECIAL EDUCATION ELIGIBILITY</p>	<p><b>Board Certification Candidates - Please Note:</b> 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</p> <p><input type="checkbox"/> I Have Completed This Course</p> <p><input type="checkbox"/> I Have Completed This Course</p> <p><input type="checkbox"/> I Have Completed This Course</p> <p><input type="checkbox"/> I Have Completed This Course</p> <p><input type="checkbox"/> I Have Completed This Course</p>
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**Tuition Options**

Board Certification in Special Education ( <i>Pay for All Five Courses Now &amp; Save \$50</i> )	<input type="checkbox"/> Member \$425 or	<input type="checkbox"/> Non-Member \$575
Board Certification in Special Education ( <i>Pay for Each Course One at a Time</i> )	<input type="checkbox"/> Member \$95 or	<input type="checkbox"/> Non-Member \$125
<input type="checkbox"/> Individual Course Selection - Certificate of Advanced Professional Development		
<input type="checkbox"/> Member \$95 <input type="checkbox"/> 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)	<input type="checkbox"/> Member \$175	<input type="checkbox"/> Non-Member \$225
Binder for Course Selection Above	<input type="checkbox"/> Member \$35	<input type="checkbox"/> Non-Member \$45
No Binder needed. I will access all content online and download PDF files as needed	<input type="checkbox"/> No Binder (\$0)	

**Affirmations**

**X**

\_\_\_\_\_ 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**

**Sign Here For Credit Card Authorization**

Must Be Signed For Credit Card Payment

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

**Mail** AASEP - BCSE Processing  
3642 E Sunnysdale 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.