

NASET and AASEP BCSE RENEWAL FORM



BCSE - Annual Renewal



Complete this form to renew your NASET / AASEP Board Certification in Special Education

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

I am a member of _____ NASET.

(If you are unsure of your membership status, please contact the membership department to retrieve your membership status.)

Please choose one of the following BCSE renewal options:

_____ Please **renew my BCSE**. My membership in NASET is not expired.
Renewal Fee is \$85.00

_____ Please **renew my BCSE & extend my membership an additional year**. My membership in NASET is not expired.
Total Fee \$130.00- *(BCSE Renewal Fee is \$85.00 + 1 year membership extension \$45.00)*

_____ My membership in NASET has expired, **please renew my BCSE & renew my membership for one additional year**.
Total Fee \$130.00- *(BCSE Renewal Fee is \$85.00 + 1 year membership renewal is \$45.00)*

_____ Please **renew my BCSE only**. My membership NASET has expired and I do not wish to renew membership at this time.
Renewal Fee is \$125.00 *(BCSE Renewal Fee for non-members \$125.00)*

Upon receipt of this form and payment processing, you will receive an email confirmation and instructions for your free Professional Development course access. The course offered this year is EDS-520 - Section 504 of the Rehabilitation Act and How it Applies to Children with Disabilities. A new certificate for the renewal of your **AASEP Board Certification in Special Education** will be mailed to you within 4 weeks of the emailed confirmation.

If you have any questions about this form or BCSE renewal, please contact the Career Center.

careercenter@naset.org

or

careercenter@aasep.org

BCSE Renewal - Fee Payment Information

I Want to Make Payment by Check ___ (Check # _____) Payable to NASET

or

Credit Card

Credit Card Authorization Form

Customer Name: _____ (Exactly as is appears on card)

We accept the following credit cards:



Card Number: _____ CVC Code _____



Exp. Date: _____ (mm/yy) **Amount to be charged** \$ _____

Credit Card Billing Address: _____

I authorize AASEP to charge my credit card listed above for the “**Amount to be charged**” as indicated above.

Signature: _____ Date: _____

Mail or Email Payment Form to:

**NASET (AASEP) Certification
3642 E. Sunnydale Drive
Chandler Heights, AZ 85142**

Or EMAIL to careercenter@naset.org

FAX to 1-800-424-0371 (Optional when paying by Credit Card)

Upon successful entry of payment information you will receive an email confirmation of your payment and course access to **EDS-520 - Section 504 of the Rehabilitation Act and How it Applies to Children with Disabilities**. A new BCSE certificate will be mailed to you within 4 weeks of the emailed confirmation.