

OHIO ASSOCIATION OF SENIOR CENTERS

3757 Indianola Ave.
Columbus, OH 43214
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APPLICATION FOR RECERTIFICATION

Name _____ Title- _____

Organization _____ PSA _____

Address _____ PO Box: _____

City _____ Zip Code _____

Phone () _____ Fax _____ Email _____

Date of Original Certification _____

Type of Certification, Fee, CEUs:

_____ Administrator of Aging Services	\$125	20 CEUs
_____ Sustaining Level	\$125	10 CEUs
_____ Professional of Aging Services	\$100	20 CEUs
_____ Senior Center Manager	\$75	15 CEUs
_____ Senior Center Program Planner	\$75	10 CEUs
_____ Support Staff	\$50	5 CEUs

Please attach in the following order:

_____ Letter from your supervisor or Board Chair stating that you are still working in a senior center or a senior center sponsored agency. You may personally write the letter if you are retired from or actively seeking employment in the senior center field.

_____ Documentation of required CEU/relevant training within the last **two** years (submit copies of certificates issued by the training organization). If a seminar did not give CEUs and you feel it promoted professional development, a copy of the class description, dates, and number of hours of training may be submitted for consideration by the committee.

_____ Recertification Fee Enclosed

For Review Committee Use Only

Date Received: _____

Fee Received: _____

Approved: _____

