

**OHIO ASSOCIATION OF SENIOR CENTERS**  
**3757 Indianola AVE**  
**Phone: (800) 796-6272**  
**Fax: (614) 784-9771**

**APPLICATION FOR CERTIFICATION**

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ PSA \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**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 you supervisor 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 certification 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 my committee.

\_\_\_\_\_ Recertification Fee Enclosed

\_\_\_\_\_

For Review Committee Use Only

Date Received: \_\_\_\_\_  
Fee Received: \_\_\_\_\_

Approved: \_\_\_\_\_

