

After completing this application in its entirety, please sign, date, and return it with the rest of this application to:
Society of Certified Senior Advisors® Fax: 303-757-7677

Part A - Information Profile

Date _____
 Last Name: _____ First Name: _____ MI _____
 Company name _____
 Business Phone _____ Home Phone _____
 E-mail _____

Mailing Address

Street: _____
 City _____ State _____ Zip Code _____

Billing Address (If different from mailing address)

Street: _____
 City _____ State _____ Zip Code _____

Professional Information

Occupation _____ Title _____
 License(s) _____
 Designations or Certifications _____
 How did you hear about SCSA? _____

Part B – Continuing Education Selection

Instructions: Select *at least one* statement that best matches your education and/or experience qualifications AND provide details in Sections A and B below, as applicable. You may take the CSA exam before you meet the experience / education requirement. For more information, visit our website at www.csa.us.

- I do not want CE of any kind
- I want CFP CE credits CFP Registration #: _____
- I want PACE CE credits
- I want CPE CE credits CPE License #: _____
- I want Enrolled Agent CE credit CPA-EA designation #: _____

Part C - Education/Experience Requirements for the CSA Designation

Instructions: You have two options to earn the CSA designation -- the CSA Course and Exam Package or the CSA Exam Only. Under the option you choose, select *at least one* statement that best matches your education and/or experience qualifications AND provide details in Sections A and B below, as applicable. You may take the CSA exam before you meet the experience / education requirement. For definitions of the terms below, visit our website

OPTION 1: CSA Course and Exam Package

I have completed:

- 1 year of paid work experience with seniors.
- 50 hours of volunteer work with seniors.
- I have not yet satisfied the requirements above, but will do so within 2 years of passing the exam

OPTION 2: CSA Exam Only *(Note: If you meet any one of the criteria for Option 2, you also qualify for Option 1)*

I have completed:

- A certificate or degree in a field related to working with seniors from an accredited college or university.
- Training equivalent to the CSA course PLUS 1 year of paid work experience with seniors.
- Training equivalent to the CSA course PLUS 50 hours of volunteer work with seniors.
- 2 years of paid work experience with seniors.
- 100 hours of volunteer work with seniors.
- I have not yet satisfied the requirements above, but will do so within 2 years of passing the exam

Section A: Education or Equivalent Training

Type of degree, certificate, or training equivalent to the CSA Course	Dates	Offered by	City and state	Field related to seniors

Section B: Work with Seniors -- Paid or Volunteer

Organization Name	Job title or description of volunteer work	Dates	Contact Name and Phone <i>Work:</i> Supervisor <i>Volunteer:</i> Person you reported to

Part D – Background Check Information

Please provide the following information for the mandatory background check to qualify for the CSA designation.

Date of birth: _____ Home Phone: _____

Home Address

Same as my mailing address my billing address

Street: _____

City _____ State _____ Zip Code _____

PART E – Course Selection

Instructions: Choose from the following convenient class options.

Option 1: Live Classroom

The live class is delivered over three 8 hour days. Each course lecture is 50 minutes long and is a mix of live and video instruction. The morning of the 4th day is reserved for testing.

City: _____

Dates: _____

Option 2: Online Class

This web-based course gives you 6 months to study with full access to our online course library that includes recorded class videos. Testing occurs within 6 months of course start date at a professional test center.

PART F – Payment Information

Instructions: Choose from the following convenient class options.

Please choose your payment schedule:

Pay in Full

Installment Plan: \$200 down payment with the balance due over 4 equal, monthly installments plus a \$45 processing fee

Please choose your method of payment:

Check: Enclosed is my \$200 down payment check, plus 4 checks postdated every 30 days, in the correct amount.

Credit/debit card:

Credit Card Information

Card Number	Expiration Date	CVV code
Billing Address	City, State	Billing Zip code
** Signature (authorizes credit card charges)	Print your name as it appears on card	

Cancellations/Refunds: Amount of tuition paid, less an \$85 cancellation fee, may be refunded if returned course materials are received in new condition within 30 days of purchase and the CSA Exam has not been scheduled. This policy only applies to the CSA Course and Exam Package and the CSA Course Only options.

Disclosure Questionnaire

If you are seeking the CSA designation: complete the following Disclosure Questionnaire.

You must attach a detailed **written explanation for any “yes” answers**. Note that SCSA performs background checks.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you been accused or convicted of a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Within the last ten years, have you been a defendant or respondent in any criminal action relating to your professional or business conduct, or are you currently named as a party in any such action? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Within the last ten years, have you been a defendant or respondent in a civil action, which includes, but is not limited to, a lawsuit, arbitration, or mediation relating to your professional or business conduct, or are you currently named as a party in any such action? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Within the last ten years, have you had a license, permit, certificate, registration or membership denied, suspended, revoked or restricted by any governmental, regulatory, or administrative body, or has any such body censured, fined, restricted or reprimanded you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has any governmental, regulatory, or administrative body named you as a subject of an investigation or complaint? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever been censured, fined, reprimanded, or otherwise disciplined by any professional credentialing organization to which you did or do belong, or has such organization named you as a subject of an investigation or complaint? |

By my signature below, I affirm that:

- **My answers to questions 1- 6 above are true**
- **All the information I provided on page 2 is true (education, experience, etc.)**
- **I understand and agree to the following SCSA Terms of Designation:**

- a) **Permission to use** the mark Certified Senior Advisor (CSA)® and related marks is valid for a period of one year from the date of my CSA designation, assuming I remain a member in good standing. If I fail to comply with requirements to renew my membership in SCSA at the end of the first year and annually thereafter, I will immediately cease use of the mark(s) and will not hold myself forth as a CSA. SCSA may publish on its website names of certain individuals who have used the designation in an unauthorized manner.
- b) **The CSA Board** of Standards (“Board”) has the absolute and unrestricted right to revoke my CSA designation, including any rights I may have to use CSA marks, if it finds that I have failed to comply with the *CSA Code of Professional Responsibility*. The Board authorizes SCSA to publish on its website names of certain individuals for whom the right to carry the CSA designation has been revoked.
- c) **In consideration of** the designation granted, neither the CSA Board of Standards, nor SCSA, its directors, officers, employees and others acting on its behalf, shall be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, except to the extent that such actions or omissions constitute willful misconduct or gross negligence, and I hereby release the CSA Board of Standards and SCSA from any liability for such actions or omissions.
- d) **I will fulfill any** ongoing continuing education required by SCSA. I must complete 18 CSA Continuing Education (CSA CE) hours every three years to renew my membership for the fourth year.
- e) **SCSA may suspend** or revoke my CSA designation for nonpayment of enrollment or membership renewal fees, or for nonpayment of other purchases from SCSA.
- f) **I will comply** with all rules and requirements of SCSA. If designated as a CSA, I will comply with all standards and requirements that SCSA may issue from time to time, including usage standards for the Certified Senior Advisor (CSA)® designation and all other SCSA proprietary mark(s). I acknowledge that SCSA is not responsible for any usage standards put in place by outside entities.
- g) **I understand that** SCSA has authority to perform background checks.

Signature

Print Name

Date