

## Certified Senior Advisor (CSA)® Application for Certification

Welcome to the Certified Senior Advisor (CSA)<sup>®</sup> certification program and thank you for your interest in applying for certification. This application has been developed to capture necessary information to determine your eligibility for certification. The application must be completed in its entirety, and all fields require an answer. Incomplete applications cannot be submitted. All information will be kept confidential and reviewed by the Certification staff solely for the purpose of determining your eligibility for certification. At the end of the application, you must check the signature box and sign prior to submitting. All inquiries should be directed to certification@csa.us.

### **Requirements for Certification**

To qualify for the CSA certification, and to use the CSA designation, individuals must meet the following requirements:

- Complete the candidate information profile
- · Complete the disclosure questionnaire
- Pass the CSA certification examination
- Pass a background check
- Complete the CSA Ethics Module
- Complete and submit the signed Certified Senior Advisor (CSA)<sup>®</sup> Application for Certification
  - o Includes agreeing to the CSA Terms of Awarding and Maintaining Certification
- Agree to abide by and uphold the <u>CSA Code of Professional Responsibility</u>

For more information about the CSA Certification program please review the CSA Certification Handbook.

	Middle Name
the CSA cert	ssued ID, such as a driver's license or ification examination, and the first and for you to sit for the examination.
	Zip Code
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State	Zip Code
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License(s) Held					
Certifications Held					
Part B – Background Check Information					
You will be provided with information on subn To assist with background screenings, please		k information and consent.			
Date of Birth: F	lome County:				
PART C—Request for Special Accommo	odations to Test				
If you have a disability covered by a national disabilities program (e.g. Americans with Disabilities Act), and you wish to request accommodation for a qualified disability, please check Yes and you will be sent instructions for submitting your request. The request and supporting documentation must be received at least 30 days prior to the examination.					
Yes □					
PART D – Payment Information					
The certification fee is \$395.00 which is comprised of an application fee of \$75.00 and an examination fee of \$320.00. The payment that accompanies this application must be \$395. Should your application not be approved for certification, the examination fee may be refunded. The application fee is non-refundable.					
Please choose your method of payment:					
☐ Check: Enclosed is my payment check ☐ Credit/debit card—I authorize CSA Certification staff to charge my credit card \$USD					
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: If you are not satisfied with the Working with Older Adults Course, we will refund your tuition, minus a \$75 cancellation/administrative fee, when all educational materials are received by SCSA within 30 days of the purchase date and if the exam has not yet been scheduled.

This policy only applies to new enrollments for the course. It does not apply to the CSA Exam, re-certifications, reinstatements, or re-designation purchases. These sales are all final upon purchase.



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### **Disclosure Questionnaire**

# As part of your application for CSA certification, you must complete the following Disclosure Questionnaire

You must attach a detailed **written explanation for any "yes" answers for questions 1- 6**. Note that CSA Certification Staff have the right to investigate affirmative responses. Additional information may be required upon review of your application.

YES	NO	
		1. Have you ever entered a plea of guilty or no contest to a criminal offense in any of the following categories or been found guilty of a criminal offense in any of these categories (as each is defined below): (1) a felony, (2) a sexual offense, (3) a crime of violence, or (4) a crime of dishonesty?  Definitions: (1) A felony is any criminal offense defined as a felony offense under the laws of the state where the crime was charged. (2) Sexual offenses include but are not limited to lewd and lascivious conduct, indecent exposure, luring, sexual assault or battery, rape, statutory rape and any criminal offense involving sexual conduct. (3) Crimes of violence include but are not limited to battery, assault, homicide, manslaughter, kidnapping, false imprisonment, child abuse, elder abuse, domestic violence, robbery and any criminal offense involving violent conduct. (4) Crimes of dishonesty include but are not limited to theft, shoplifting, fraud, embezzlement, forgery, perjury, counterfeiting, writing bad checks, money laundering and tax evasion and any criminal offense involving dishonest conduct.  Important note: Sexual offenses, crimes of violence, and crimes of dishonesty must be disclosed even if they are classified as a misdemeanor.
		2. Within the last 10 years, have you entered a plea of guilty or no contest to any criminal offense or been found guilty of any criminal offense and/or are there currently any criminal charges pending against you?
		3. Within the last 10 years, have you been a defendant or respondent in a civil action, which includes, but is not limited to a court proceeding, arbitration, or mediation, or are you currently named as a party in any such action? Bankruptcy proceedings must be disclosed as civil actions in response to this question.
		4. Within the last 10 years, have you had a license, permit, certification, registration or membership denied, suspended, revoked or restricted by any governmental, regulatory, or administrative agency, or has any such agency censured, fined, sanctioned, restricted or reprimanded you, excluding non-criminal traffic infractions?
		5a. Within the last 10 years, have you been named as a subject of an investigation or complaint by any governmental, regulatory or administrative agency other than a state's Adult Protective Services agency or equivalent state or local government agency?
		5b. Within the last 10 years, has any state's Adult Protective Services agency or equivalent state or local government agency notified you that, following completion of an investigation, a complaint against you was substantiated or otherwise determined under applicable law or regulations to be well-founded?
		6. Within the last 10 years, have you been censured, fined, sanctioned, reprimanded or otherwise disciplined by any professional certification or credentialing organization to which you did or do belong and/or are you currently under investigation by any such organization?
		7. Are you or have you ever been registered with FINRA (Financial Industry Regulatory Authority)? If yes, please supply your CRD#:
		8. Are you or have you ever been licensed to sell Insurance? If yes, please include what state(s) and your NPN number:



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#### **Attestation Statement**

### By checking below, I affirm that:

- My answers to the disclosure questions 1-8 above are true, accurate and complete
- All the information and documentation I have provided in the application is true, accurate and complete
- I understand and agree to comply with the following CSA Terms of Applying for, Awarding and Maintaining **Certification:**
- 1. I have read and will comply with all policies contained within the CSA Certification Handbook, available for viewing/downloading at the CSA website: https://csa/us/wp-content/uploads/csa\_certification\_handbook.pdf.
- 2. I have read and will comply with the CSA Code of Professional Responsibility, available for viewing and downloading at the CSA website at https://www.csa.us/wp-content/uploads/csa\_code\_of\_professional\_res.pdf.
- The Society of Certified Senior Advisors® (SCSA) reserves the right to audit my application and related information that I submit to SCSA for any purpose and may take any steps reasonably required to verify the authenticity, accuracy and completeness of any information or documents submitted by me in relation to my application for certification, including contacting third parties to verify any information relevant to my application.
- 4. SCSA has the authority to investigate my responses to the Disclosure Questionnaire and to perform checks of my background history, including by utilizing background check vendors and investigators and requesting information from court systems, police departments and other third parties. I agree to cooperate with all requests of SCSA related to any investigation of my background history and further understand that providing false, misleading or incomplete information, or having others do so on my behalf, is a violation of the CSA Code of Professional Responsibility and CSA Policies and may result in sanctions.
- I will immediately inform SCSA of any changes to the information included in this application, and for as long as I am certified by the CSA Certification Council, and I am required to do so within 30 days of any change. This obligation includes any changes in circumstances that would affect responses I've given to the CSA Disclosure Questions. I also agree to immediately inform SCSA of any matters that may affect my capability to continue to fulfill certification requirements.
- I will comply with all policies and requirements of the CSA Certification Council. If certified as a CSA, I will comply with all standards and requirements that the CSA Certification Council may issue from time to time, including usage standards for the Certified Senior Advisor (CSA)<sup>®</sup> certification and all CSA Marks (as defined below). I acknowledge that SCSA and the CSA Certification Council are not responsible for any usage standards put in place by outside entities. I will uphold the highest standards of professionalism and integrity in all personal and professional conduct. I will not engage in any behavior or make any statements—whether in person, in writing, or via digital or social media—that are discriminatory, harassing, disparaging, defamatory, lewd, unethical, immoral, misleading, or otherwise offensive, or that may reflect adversely on or bring into disrepute the Society of Certified Senior Advisors®, the CSA Certification Council, fellow Certified Senior Advisors, or the CSA credential. I understand that such conduct or communications may diminish the value of the certification and may result in denial or revocation of certification or disciplinary action pursuant to applicable policies.
- 7. I understand that if I am granted certification, I will be listed in the SCSA online certification directory; however, if in the future should I not want to continue to be listed in the online directory, I will contact the Certification staff to request removal from the list. I understand that even if my credentials are not listed in the online directory, the Certification staff will continue to verify credentials upon request.
- 8. I authorize SCSA and its staff and affiliates to communicate with me via postal mail, email and text messages (additional charges by my cellular service provider may apply) to provide me with information regarding SCSA and CSA Certification, including but not limited to: (a) transactions with SCSA and its certification vendors; (b) notices about the CSA Certification and examinations; (c) updates to CSA Certification and maintenance of certification policies and requirements; (d) administrative messages and other information; and (e) advertising, marketing, and other materials regarding SCSA's products and services.

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- 9. I will comply with the CSA Certification Renewal and Recertification requirements to maintain CSA certification, available for viewing and downloading at https://www.csa.us/certification/certification-requirements/, which include the requirement to annually answer the Disclosure Questions, pay the applicable annual renewal fee and complete recertification requirements every three years, including completion of 30 CSA continuing education credits, the CSA Ethics Module, and a supplemental CSA Background Check..
- 10. I UNDERSTAND AND ACCEPT THAT, TO THE EXTENT NOT PROHIBITED BY LAW, IN NO EVENT WILL PROFESSIONAL TESTING INC., SCSA OR THEIR AFFILIATES, OFFICERS, DIRECTORS, SUBSIDIARIES, VENDORS, EMPLOYEES, AGENTS, PARTNERS, SUPPLIERS OR LICENSORS BE LIABLE FOR: ANY INDIRECT, INCIDENTAL, SPECIAL, PUNITIVE, COVER OR CONSEQUENTIAL DAMAGES (INCLUDING, WITHOUT LIMITATION, DAMAGES FOR LOST PROFITS, BUSINESS INTERRUPTION, REVENUE, GOODWILL, USE OR CONTENT) HOWEVER CAUSED, UNDER ANY THEORY OF LIABILITY, INCLUDING, WITHOUT LIMITATION, CONTRACT, TORT, BUSINESS INTERRUPTION, LOSS OF OPPORTUNITY, WARRANTY, NEGLIGENCE OR OTHERWISE, EVEN IF PROFESSIONAL TESTING, INC. AND/OR SCSA HAS BEEN ADVISED AS TO THE POSSIBILITY OF SUCH DAMAGES. THE AGGREGATE LIABILITY OF PROFESSIONAL TESTING INC., SCSA AND THEIR AFFILIATES, OFFICERS, DIRECTORS, SUBSIDARIES, VENDORS, EMPLOYEES, AGENTS, PARTNERS. SUPPLIERS OR LICENSORS RELATING TO CSA CERTIFICATION SERVICES WILL BE LIMITED TO THE GREATER OF: (A) THE AMOUNT ACTUALLY PAID BY ME FOR THE CSA CERTIFICATION SERVICES (IF ANY) IN THE TWELVE (12) MONTHS PRECEDING THE EVENT OR CIRCUMSTANCES GIVING RISE TO SUCH CLAIMS; OR (B) ONE HUNDRED DOLLARS (\$100 U.S.D.). THE LIMITATIONS AND EXCLUSIONS ALSO APPLY IF THIS REMEDY DOES NOT FULLY COMPENSATE ME FOR ANY LOSSES OR FAILS OF ITS ESSENTIAL **PURPOSE**
- 11. Upon being granted CSA certification, SCSA provides me with limited, revocable permission to use the mark Certified Senior Advisor (CSA)® and all related marks, including all CSA trademarks, logos, badges and electronic or paper certificates issued by the CSA Certification Council (collectively, the "CSA Marks"), valid for a period of three years, as long as I remain in good standing with the CSA Certification Council and use the CSA Marks in accordance with SCSA's trademark usage guidelines. In the event of the expiration, suspension, revocation, nonrenewal or voluntary withdrawal of my CSA certification for any reason, my permission to use the CSA Marks is automatically terminated and I will immediately cease and desist using the CSA Marks, and refrain from communicating or implying in any way that I am CSA certified. I acknowledge that, upon the termination of my permission to use the CSA Marks, I am exclusively responsible for ensuring that any third party displaying or using the CSA Marks on my behalf, including but not limited to websites, marketing and advertising agencies and commercial printing services, immediately ceases and desists using the CSA Marks. I further understand that, if a third party that provided services to me in connection with the CSA Marks does not cease and desist using the CSA Marks within thirty (30) calendar days of the termination of my permission to use the CSA Marks, I will be required to reimburse SCSA for all legal fees and expenses it may incur in taking legal action against any such third parties to stop them from using the CSA Marks without permission. The CSA Certification Council may publish on its website names of individuals who have used the certification in an unauthorized manner.
- 12. The CSA Certification Council, following the recommendation of the CSA Ethics and Disciplinary Council, has the absolute and unrestricted right to revoke or suspend my CSA certification, including any rights I may have to use the CSA Marks, if it finds that I have failed to comply with the CSA Code of Professional Responsibility or the CSA Policies. The CSA Certification Council has the authority to publish on the CSA website names of individuals for whom the right to carry the CSA certification has been revoked or suspended or otherwise discontinued for any

Signature	Print Name	Date
☐ I have read, understand, and agree to the terms listed above.		
reason.		

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