



APPLICATION

NACAS

3 Boar's Head Lane, Suite B

Charlottesville, VA 22903

Phone 434-245-8425

Fax 434-245-8453

www.caspcert.org

casp@nacas.org

Please refer to the CASP Candidate Handbook for complete instructions and guidelines.

Part A: Applicant Information

Name (as it appears on your Government Issued ID):

Dr. Mr. Mrs. Ms.

First Name: _____ Middle Initial: _____

Last Name: _____

Preferred Nickname: _____

Professional Title: _____

Institution: _____

In the space below please provide contact information in which you would like NACAS to contact you regarding your application status and all other future CASP communications.

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____ Phone Number: _____

Part B: Documentation of Education

An official transcript indicating at least a Bachelor's degree or higher conferred by a U.S. regionally accredited college or university should be mailed to the NACAS National Office, 3 Boar's Head Lane, Suite B, Charlottesville, VA 22903.

For foreign degrees (including Canada), include with your application the original or notarized copy of the evaluation showing degree equivalency. (Refer to the CASP Handbook for a list of agencies that evaluate foreign degree equivalency.)

Conferring Institution: _____

Degree Conferred: _____

Date Degree Conferred: _____

Applicant Name as It Will Appear on Transcript: _____

Part C: Documentation of Experience

Supporting Documentation

- A current resume will be sent to NACAS (caspp@nacac.org) as part of my application.
- A corresponding Verification of Experience form is included for each position listed below.

List only most recent positions needed to fulfill the eligibility requirements: Five years full-time (minimum of 1,450 hours/year) experience in management (within the last ten years) directly related to auxiliary/ancillary services (non-academic support services)

- Three years of which must be in higher education auxiliary/ancillary services.
- This work must be completed by the application deadline.

Job Title: _____	
Name of Organization/Company: _____	
Start Date: _____	End Date: _____
Higher Education Hours: _____	Other Hours: _____
Total Hours (Higher Education + Other): _____	

Job Title: _____	
Name of Organization/Company: _____	
Start Date: _____	End Date: _____
Higher Education Hours: _____	Other Hours: _____
Total Hours (Higher Education + Other): _____	

Job Title: _____	
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Total Hours (Higher Education + Other): _____	

Job Title: _____	
Name of Organization/Company: _____	
Start Date: _____	End Date: _____
Higher Education Hours: _____	Other Hours: _____
Total Hours (Higher Education + Other): _____	

Part C (continued): Verification of Experience

This Verification of Experience Form should be completed for each position the applicant has listed on Part C: Documentation of Eligibility: Experience. If completing online, you will receive a copy of your application via email; please print this page and have your verification signed.

This form is to be completed by an employer, supervisor, or human resources personnel who can verify the applicant's experience in auxiliary/ancillary services related areas, and specifying if this was in higher education auxiliary/ancillary services. Applicants should have an employer complete this form (as many as are necessary to document the required hours).

After completion it should be provided back to the applicant for submission with his or her application.

The CASP program certifies that individuals have met a standard for auxiliary/ancillary services professionals and that these individuals are viewed as meeting those competencies which, in the eyes of their peers, are necessary to perform the functions normally accomplished by a director of auxiliary/ancillary services. Auxiliary/Ancillary work areas that will be considered:

- Leadership
- Management
- Marketing, Communications and Business Relations
- Student Development
- Physical Facilities, Food Services, Bookstores, Card Services, Commercial/Retail

Applicant Information Requested for Verification (Completed by Applicant)

Name of Applicant: _____

Experience to be Verified: Institution or Company, Title, Dates of Employment, Areas of Responsibility:

Verification Completion (completed by appropriate institutional or company representative as defined above):

Name/Title of Person Verifying Experience: _____

Relationship to Applicant: _____

Verifier's Email Address and Phone Number: _____

I verify that the employment as listed above is accurate to the best of my knowledge.

Signature: _____ Date: _____

Part D: Exam Location Selection

If authorized to sit for the CASP exam, applicants will choose where they would like to take the exam. Please select the preferred location from the list below (choose only one):

2017 Events

- 2017 C3X Conference and Expo | November, 5 2017 | Colorado Springs, CO
For specific details on exam event dates please email casp@nacas.org.

- Remote Site (candidates must take the exam within two years of their application date)
For listing of optional remote testing locations visit www.nacas.org/caspapply.

Part E: Application Fee

The current application fee is \$650 NACAS member/\$875 non-member.

This fee includes the ability to take the examination up to two times and is active for a period of two years from the application's acceptance by the NACAS Certification Commission as complete. If applicable, additional "seating fees" may apply for each test administration taken by the applicant at a local testing center.

CASP exams will only be offered at times published by NACAS.

Indicate Your Payment Information:

I will be paying the following amount:

- \$650 NACAS member \$875 non-member

Payment Arrangement Information:

- I will mail a check or money order, made payable to NACAS.
 I wish to pay the fee by credit card.

If applicable, indicate type of credit card you wish to use for payment:

- Visa Mastercard American Express

Credit Card Number: _____

Credit Card Expiration Date: _____ CVV: _____

Zip Code of Billing Address: _____

Name (as it appears on your credit card): _____

Signature: _____

Part F: Agreement

Applicant agrees that (initial each box);

I agree to abide by and be judged by the following NACAS Code of Ethics and Professional Conduct for Auxiliary/Ancillary Service professionals in order to remain eligible for the CASP certification.

The Auxiliary Services Professional shall:

- ❖ Represent the institution and association with personal integrity and shall conduct the business of the institution in a professional manner.
- ❖ Personal and professional conduct shall be such that it enhances the integrity and prestige of the institution, the association and the profession.
- ❖ Engage in no activities that may be interpreted as a conflict of interest nor accept gifts, favors or hospitality that imply an obligation of the institution or the association.
- ❖ The professional shall not benefit financially, either directly or indirectly, from any decisions made as an officer of the institution or association.
- ❖ Promote greater diversity, equity, inclusion and accountability while promoting personnel practices in which recognition, selection and promotion are based on skill, proficiency, educational experiences, measurable potential and productivity.
- ❖ Be an intentional and strategic leader, advancing the missions of the institution and association.
- ❖ Actively pursue professional development and career enhancement for themselves as well as supporting the advancement of their colleagues and subordinates.
- ❖ Foster and support the development of professional standards at the institution, and in all regional and national professional organizations in which they participate.

I agree to the following Candidate Application Statement and agree to all policies, procedures, and terms and conditions in order to be eligible for the certification.

I hereby apply to become a Certified Auxiliary Services Professional. I understand that my certification depends on my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I understand that NACAS may require additional information to clarify or supplement this application and I agree to supply it. I understand that if any information is determined to be false, NACAS reserves the right to revoke any certification that has been granted on the basis thereof.

I hereby release, discharge, and exonerate NACAS, its directors, officers, members, examiners, representatives, and agents, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with, any aspect of the application process that may result in a decision not to issue me a certificate.

I certify and agree that I will submit a copy of my resume to casp@nacas.org or via mail to the NACAS National Office at least 30 days prior to my desired testing date. I furthermore certify and agree that I will submit an official copy of my transcript to the NACAS National Office at least 30 days prior to my desired testing date.

I understand, acknowledge and agree:

- ❖ That the questions and answers of the exam are the exclusive and confidential property of NACAS and are protected by NACAS' intellectual property rights;
- ❖ That I will not disclose the exam questions or answers or discuss any of the content of the exam materials with any person, without prior written approval of NACAS;
- ❖ That I will not remove from the examination room any exam materials of any kind provided to me or any other material related to the exam, including, without limitation, any notes or calculations;
- ❖ That I will not copy or attempt to make copies (written, photocopied, or otherwise) of any exam material, including, without limitation, any exam questions or answers;
- ❖ That I will not sell, license, distribute, give away, or obtain from any other source other than NACAS the exam materials, questions or answers. I agree that my obligations under this Agreement shall continue in effect after the examination and, if applicable, after termination of my certification, regardless of the reason or reasons for termination, and whether such termination is voluntary or involuntary.
- ❖ That I have the CASP Candidate Handbook.
- ❖ That I certify all the information contained in this application is accurate and truthful.
- ❖ That all information provided in this application may be verified and I authorize such verification.
- ❖ That NACAS will release my name and current certification status at any time post certification.

Signature

Before signing, please review your application for any errors. Applications must be signed in order to be processed.

Signature: _____ Date: _____