



Retired Emeritus Certification Application

(Please complete this application to apply for Retired Emeritus Certified status)

Salutation: ___Dr. ___Mr. ___Ms. ___Sr. ___Rev. ___Br.

Last Name _____ First Name _____ Middle _____

Home Street Address _____

City _____ State _____ Zip _____

Phone __(___)_____ Email __(___)_____

Past Certification Credential (indicate all that apply)

___CNHA ___CALA ___CAS

Please complete, sign and date the affidavit below.

Affidavit

I hereby attest that:

☐ yes ☐ no

My certification is active. *You must apply while your certification is active*

☐ I have ☐ have not

completed a minimum of 15 years of certification cycles.

☐ I have ☐ have not

retired from administrator practice, have no official responsibility for, and/or am no longer the administrator of record of, or working full-time in a long term care facility or related organization.

☐ I will ☐ will not

notify ACHCA immediately if I resume any official responsibilities as a long term care /assisted living administrator.

☐ I will ☐ will not

notify ACHCA of any changes in my address, telephone or email as they occur.

Signature _____

Date _____

\$100 fee will be invoiced and can be paid via credit card or check

Please return this form to ACHCA by email to professionaladvancement@achca.org. If unable to send the form electronically, mail it to:

ACHCA - Certification
1300 Piccard Dr., Ste LL14
Rockville, MD 20850