



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 3 certification cycles (15 years) as of the date below.

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 complete the recertification demographics page every five years and notify ACHCA of any changes in my address, telephone or email as they occur.

Signature _____

Date _____

Please return this form to ACHCA by Fax 866-874-1585 or email to professionaladvancement@achca.org (attach a scanned signed copy of the form). Or, **if unable to send the form electronically**, mail it to:

ACHCA - Certification
1101 Connecticut Avenue, NW Suite 450
Washington, DC 20036