



## CAS RENEWAL DOCUMENTATION FORM - 2016

The Academy reserves the right to disallow entries if they do not meet the renewal requirements.

- Submitted coursework must be completed within one year of the current renewal date. Example: continuing education certificates for a 10/5/16 renewal must be dated between 10/5/15 – 10/4/16.
- Coursework must be approved by a state or national accrediting body. All other coursework must be reviewed for pre-approval by the American Academy. The American Academy reserves the right to disallow coursework that does not meet the Academy's requirements for continuing education.
- Coursework must be documented by a certificate of attendance on the agency's letterhead listing the attendee, the approved CEU hours, the dates of attendance, the approval body and the signature of the presenter.
- College level teaching/presentations will be accepted if documented on the institution's letterhead or brochure, listing the instructor, course title, course date(s) and number of credits awarded. The presenter will receive ½ of the CEUs awarded for the course (1 college credit = 15 CEUs). This applies to one presentation only.
- Coursework on clinical supervision will be accepted. Clinical supervision hours and/or hours associated with employment responsibilities will not be accepted.

Renewal and other member documents can be downloaded at [www.americanacademy.org](http://www.americanacademy.org).

### PLEASE UPDATE YOUR PROFILE

NAME: \_\_\_\_\_ CAS No. C-\_\_\_\_\_

Best daytime contact number: (\_\_\_\_) \_\_\_\_\_ (please check)  Business  Personal  Cell

\*\* EMAIL ADDRESS : \_\_\_\_\_ To ensure that you receive important email communications from the American Academy, please update and verify your current email address.

PLEASE MAIL MY CORRESPONDENCE TO: (please check)  Personal  Professional address

NEW PERSONAL ADDRESS (CHANGES ONLY) Country (if not the USA) \_\_\_\_\_

Personal Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Personal Phone Cell Phone Fax No.

### NEW PROFESSIONAL ADDRESS (CHANGES ONLY)

Name of Program or Practice \_\_\_\_\_

Professional Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Phone Fax No.

### CREDENTIAL CHANGES:

(Changes/additions can be made only if documented - please attach.)

MAIL RENEWAL TO: American Academy: 314 West Superior Street, Suite 508; Duluth, MN 55802

FAX RENEWAL: 218-722-0346 or E-MAIL to: [shannon@americanacademy.org](mailto:shannon@americanacademy.org)

If you have questions, please call us at 218-727-3940 Office hours: Monday – Thursday, 9:30 – 4:30 CST