

CAS EXTENSION REQUEST FORM



American Academy
of Health Care Providers
I N T H E
Addictive Disorders

REQUEST

CAS # C- _____

RENEWAL DATE: _____ NUMBER OF CEUs DUE: _____

I hereby request an extension for submittal of Continuing Education information for renewal of my Certified Addictions Specialist (CAS) membership. The extension will allow me an additional 90 days from the time of my renewal date to complete my CE requirements. Payment must accompany the extension request to be granted.

NAME: _____ DATE: _____

(Changes only)

ADDRESS: _____ TELEPHONE: _____

PO Box / Street

City

E-MAIL: _____

State

Zip Code

REASON FOR EXTENSION REQUEST: _____

FEES DUE:

Annual Renewal:	\$ 85.00
Extension Request Fee:	\$ <u>35.00</u>
Total Due:	\$120.00

PAYMENT OPTIONS:

- Mail this form and the \$120 payment to: American Academy of Health Care Providers; ATTN Renewal Department; 314 West Superior Street, Suite 508; Duluth, MN 55802
- **OR** submit this form via FAX (218-722-0346) or email: shannon@americanacademy.org and call 1-888-429-3701 to make a credit card payment.
- **OR** log in to the 'Members Only' section at americanacademy.org, go to the Renewal Center, and submit an online extension request and payment. (Please call 1-888-429-3701 or email info@americanacademy.org for login assistance.)

For a listing of Academy approved CEU providers, please visit our website at AmericanAcademy.org.