

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

E-MAIL: _____

City

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:

Please log into your Certemy account at: aahcpad.certemy.com to pay the renewal & extension request fee. You will be given 90 days from your renewal date to upload your Continuing Education certificates.

You may also contact our office to request an extension.

info@americanacademy.org
888-429-3701

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