



Certificate Program Application

Please complete this application to obtain access to the National Adult Protective Services Association (NAPSA) Certificate Program. Please print clearly or click on the Fill & Sign tool in the PDF version. (Note: When in the Fill & Sign mode, you will have to click on the arrow at the bottom of the first page to access the second page.)

Name _____

Position _____

Address _____

Phone _____ Email _____

Date of Application _____

Length of employment with APS _____ If you are assigned to multiple programs (i.e. APS/IHSS) are you time studying more/ less than 50% time to APS?

Time assigned to APS work: More than 50% 50% or less

Please ask your supervisor to verify length of time with APS by providing and attaching email verification.

Supervisor Contact Information

Name _____

Phone _____ Email _____

Use the checklist on the back of this form to make sure that you have completed all 23 core competency modules. Submit this application only after you have completed all modules and have either 2 years of full time or 4 years of part time APS experience.

For Office Use Only:

Employment Verification on File Employment Meets Requirements

Name of Verifier: _____ SDSU _____ Fresno _____ Davis _____

I hereby certify that the applicant has completed the required modules and meets the employment requirements to be eligible for the NAPSA Certificate.

Signature _____ Date _____

Please keep an accurate record of your training for NAPSA Certificate