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|  | NATIONAL ASSOCIATION OF HEARING OFFICIALS

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| APPLICATION FOR **RECERTIFICATION** - [ ]  Administrative Law Judge[ ]  Hearing Officer *\*Title must be consistent with job title or permitted by employing agency.* |

 |

PERSONAL INFORMATION

|  |
| --- |
| Last Name, First Name, MI  |
| Title   | Agency |
| Address Line 1 [ ]  Work Address [ ]  Home Address |
| Address Line 2  |
| City, State, Zip  |
| Telephone/Cell Number | Fax Number |
| E-mail address |
| NAHO Member: Yes \_\_\_\_ No\_\_\_\_ If no, date of application \_\_\_\_\_\_\_. *Must be member in good standing at time of application and when recertification approved.*  | Expiration Date |
| Date of Certification | Expiration Date |

**APPLICATION FEE ENCLOSED**

* NAHO member attending NAHO conference in last three years [ ]  $40

Conference(s) attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* NAHO member not attending conference in last three years [ ]  $100

I swear/affirm that the above is true and correct and that I have completed the courses listed in this application. I understand that compliance with the Model Code of Ethics is a mandatory prerequisite for approval of my application and that by signing this application I agree to do so.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

I approve this application for re-certification for this employee\*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor or Agency Director Title

\*Your signature verifies that the title applied for is authorized for use by the employee in his or her current position.

**COURSES**

**Important**: These charts must be completed for all courses for which you seek credit for recertification. A total of **10 hours of Mandatory** (M) courses, **5 hours of Elective (E)** courses and **5 hours of Specialized** courses (S) must be taken if an applicant has **NOT** attended a NAHO conference in the last three years. If an applicant **HAS ATTENDED** a conference in the last three years, proof of attendance must be submitted, and proof of **3.5 hours of a combination of (M), (E) and (S) courses** must be submitted. Verification sent with the renewal application. List the applicable general subject matter. List the length of the course under number of hours. Please indicate under "Sponsor" if the course was on video or audiotape. Four of these hours can be by approved video or audio tape. For all courses not sponsored by the National Association of Hearing Officials, please attach a copy of the course agenda or outline showing subject matter, speaker, duration, and content of presentation. Do not send a copy of the course materials. Please attach additional sheets as necessary.

**[ ]  MANDATORY**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  MANDATORY**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  MANDATORY**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  MANDATORY**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  MANDATORY**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  MANDATORY**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  MANDATORY**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  MANDATORY**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  MANDATORY**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  MANDATORY**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**TOTAL MANDATORY CLASS CREDITS \_\_\_\_\_\_\_**

**[ ]  ELECTIVE**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  ELECTIVE**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  ELECTIVE**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  ELECTIVE**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  ELECTIVE**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**TOTAL ELECTIVE CLASS CREDITS \_\_\_\_\_\_\_**

**[ ]  SPECIALIZED –**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  SPECIALIZED**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  SPECIALIZED**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  SPECIALIZED**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**[ ]  SPECIALIZED**

|  |  |  |
| --- | --- | --- |
| Course Title | Sponsor / Address | Date / # of Hours |

**TOTAL SPECIALIZED CLASS CREDITS \_\_\_\_\_\_\_**

*COMPLETED APPLICATION MAILED TO:*

***NATIONAL ASSOCIATION OF HEARING OFFICIALS***

*Attention: Certification Committee*

*c/o Jimmy C. Stokes*

*328 E. Washington Street
Madison, GA 30650*