



## Certified Senior Advisor (CSA)<sup>®</sup> Application for Certification

Welcome to the Certified Senior Advisor (CSA)<sup>®</sup> certification program, and thank you for your interest in applying for certification. This application has been developed to capture necessary information to determine your eligibility for certification. The application must be completed in its entirety, and all fields require an answer. Incomplete applications cannot be submitted. All information will be kept confidential and reviewed by the Certification staff solely for the purpose of determining your eligibility for certification. At the end of the application, you must check the signature box prior to submitting. All inquiries should be directed to [certification@csa.us](mailto:certification@csa.us).

### Requirements for Certification

To qualify for the CSA certification, and to use the CSA designation, individuals must meet the following requirements:

- Complete the candidate information profile
- Complete the disclosure questionnaire
- Pass the CSA certification examination
- Pass a criminal background check
- Pass the [Roles, Rules, and Responsibilities](#) Ethics Exam
- Complete and submit the signed Certified Senior Advisors Application for Certification.
  - Includes agreeing to the CSA Terms of awarding and maintaining certification.
- Agree to abide by and uphold the [CSA Code of Professional Responsibility](#)

For more information about the CSA Certification program please review the [CSA Certification Handbook](#).

### Part A - Applicant Profile

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Note: Your name must appear as it does on government issued ID, such as a driver’s license or passport. Two forms of identification are required for you to take the CSA certification examination, and the name on your application and both forms of ID must be identical in order for you to sit for the examination.

Company Name \_\_\_\_\_

#### Business Address

Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Primary E-mail \_\_\_\_\_

#### Mailing Address

Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Home Address (If different from mailing address)

Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Professional Information

Industry \_\_\_\_\_ Title \_\_\_\_\_

License(s) Held \_\_\_\_\_

Certifications or Certifications Held \_\_\_\_\_



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**Part B – Background Check Information**

Please provide the following information for the mandatory background check to qualify for the CSA certification.

Date of birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

**PART C—Request for Special Accommodations to Test**

If you have a disability covered by a national disabilities program (e.g. Americans with Disabilities Act), and you wish to request accommodation for a qualified disability, please check Yes and you will be sent instructions for submitting your request. The request and supporting documentation must be received at least 30 days prior to the examination.

Yes

**PART D – Payment Information**

The certification fee is \$395.00 which is comprised of an application fee of \$75.00 and an examination fee of \$320.00. The payment that accompanies this application must be \$395. Should your application not be approved for certification, the examination fee may be refunded. The application fee is non-refundable.

Please choose your method of payment:

- Check:** Enclosed is my payment check
- Credit/debit card**—I authorize CSA Certification staff to charge my credit card \$ \_\_\_\_\_ USD

**Credit Card Information**

Card Number	Expiration Date	CVV code
Billing Address	City, State	Billing Zip code
** Signature (authorizes credit card charges)	Print your name as it appears on card	

**Cancellations/Refunds:** If you are not satisfied with the Working with Older Adults Course, we will refund your tuition, minus a \$75 cancellation/administrative fee, when all educational materials are received by SCSA within 30 days of the purchase date and if the exam has not yet been scheduled.

This policy only applies to new enrollments for the course. It does not apply to the CSA Exam, re-certifications, reinstatements or re-designation purchases. These sales are all final upon purchase.

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### Disclosure Questionnaire

**As part of your application for CSA certification, you must complete the following Disclosure Questionnaire.**

You must attach a detailed **written explanation for any “yes” answers for questions 1-6.** Note that CSA Certification Staff performs background checks. Additional information may be required upon review of your application.

YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever been accused or convicted of a felony?	
<input type="checkbox"/>	<input type="checkbox"/>	2. Within the last 10 years, have you been a defendant or respondent in any criminal action relating to your professional or business conduct, or are you currently named as a party in any such action?	
<input type="checkbox"/>	<input type="checkbox"/>	3. Within the last 10 years, have you been a defendant or respondent in a civil action, which includes, but is not limited to, a lawsuit, arbitration, or mediation relating to your professional or business conduct, or are you currently named as a party in any such action?	
<input type="checkbox"/>	<input type="checkbox"/>	4. Within the last 10 years, have you had a license, permit, certificate, registration or membership denied, suspended, revoked or restricted by any governmental, regulatory, or administrative body, or has any such body censured, fined, restricted or reprimanded you?	
<input type="checkbox"/>	<input type="checkbox"/>	5. Within the last 10 years, have you been named as the subject of an investigation or complaint by any governmental, regulatory or administrative body?	
<input type="checkbox"/>	<input type="checkbox"/>	6. Within the last 10 years, have you been censured, fined reprimanded or otherwise disciplined by any professional credentialing organization to which you did or do belong or has such organization named you as a subject of an investigation or complaint?	
<input type="checkbox"/>	<input type="checkbox"/>	7. Are you or have you ever been registered with FINRA? If yes, please supply your CRD#:	
<input type="checkbox"/>	<input type="checkbox"/>	8. Are you or have you ever been licensed to sell Insurance? If yes, please include what states and NPN number:	

**Attestation Statement**

**By checking below, I affirm that:**

- **My answers to the disclosure questions 1- 8 above are true**
  - **All the information and documentation I have provided in the application is true**
  - **I understand and agree to the following CSA Terms of Awarding and Maintaining Certification:**
- a) Permission to use the mark Certified Senior Advisor (CSA)® and related marks is valid for a period of three years, as long as I remain in good standing with the CSA Certification Council and use the certification and marks in an authorized manner. The CSA Certification Council may publish on its website names of certain individuals who have used the certification in an unauthorized manner.
- b) The CSA Certification Council, following the recommendation of the CSA Ethics and Disciplinary Council, has the absolute and unrestricted right to revoke my CSA certification, including any rights I may have to use CSA marks, if it finds that I have failed to comply with the *CSA Code of Professional Responsibility* or the CSA Policies. The CSA Certification Council has the authority to publish on its website names of certain individuals for whom the right to carry the CSA certification has been revoked.
- c) In consideration of the certification granted, the CSA Certification Council, CSA Ethics and Disciplinary Council, employees of the Society of Certified Senior Advisors and others acting on its behalf, shall not be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, except to the extent that such actions or omissions constitute willful misconduct or gross negligence; I hereby release the CSA Certification Council, CSA Ethics and Disciplinary Council, SCSA and its agents from any liability for such actions or omissions.
- d) I will fulfill recertification requirements to maintain CSA certification.
- e) I will comply with all policies and requirements of the CSA Certification Council. If certified as a CSA, I will comply with all standards and requirements that the CSA Certification Council may issue from time to time, including usage standards for the Certified Senior Advisor (CSA)® certification and all other proprietary mark(s). I acknowledge that SCSA and the CSA Certification Council are not responsible for any usage standards put in place by outside entities.
- f) I understand that CSA Certification Council and certification staff has the authority to perform background checks. I agree to cooperate with any actions and further understand that providing false information, or having others do so, is a violation of the *CSA Code of Professional Responsibility* and CSA Policies and may result in sanctions.
- g) I agree to immediately inform the Certification staff of all changes to the information included in this application while I am an applicant, and for as long as I am certified by the CSA Certification Council, and to immediately inform the Certification staff of any matters that may affect my capability to continue to fulfill certification requirements.
- h) I understand that if successful I will be listed in the online certification directory; however if in the future should I not want to continue to be listed in the online directory, I will contact the Certification staff to request removal from the list. I understand that even if my credentials are not listed in the online directory, the Certification staff will continue to verify credentials upon request.
- i) I agree to give the Certification Council, Certification staff and its agent's permission to contact me by U.S. mail, electronic mail, facsimile, or through other media on matters that CSA believes may be of importance to me. Should I wish to be taken off the mailing list, I will send an e-mail request stating such to [certification@csa.us](mailto:certification@csa.us).



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- j) I understand and acknowledge that the CSA Certification Handbook contains the policies applicable to applicants and certificates'. To review and print a copy of the CSA Certification Handbook go to the CSA Website at <https://c.ymcdn.com/sites/scsa.site-ym.com/resource/resmgr/Docs/CSACandidateHandbook.pdf>
- k) I agree to abide and adhere to the Rules and Standards as specified in the *CSA Code of Professional Responsibility*. To review and print a copy of the *CSA Code of Professional Responsibility* go the CSA Website at <https://c.ymcdn.com/sites/scsa.site-ym.com/resource/resmgr/Docs/CSA-Code-of-Professional-Res.pdf>
- I have read, understand, and agree to the terms listed above.

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Signature

Print Name

Date