

Appendix A: CSA Application for Certification



Certified Senior Advisor (CSA)[®] Application for Certification

Welcome to the Certified Senior Advisor (CSA)[®] 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.

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

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.

Last Name: _____ First Name: _____ MI _____

Company Name _____

Business Phone _____ Mobile Phone _____

Primary E-mail _____

Mailing Address

- Residential Business address

Street: _____

City _____ State _____ Zip Code _____

Billing Address (If different from mailing address)

Street: _____

City _____ State _____ Zip Code _____

Professional Information

Industry _____ Title _____

License(s) Held _____

Certifications or Certifications Held _____

How did you hear about CSA Certification? **CSA Member** **Company** **Internet Search**

Colleague _____ **Other** _____



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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.

Home Address

Street: _____

City _____ State _____ Zip Code _____

Date of birth: _____

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 complete the section below.

Please check No or Yes

If yes, you must complete the Request for Special Accommodations online at www.csa.us. Forms must be submitted to the Certification Manager at adriennec@csa.us a minimum of 45 days prior to your desired testing date.

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: Refunds will be granted at the discretion of the CSA Certification staff.

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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**. 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 registered with FINRA? If yes, please supply your CRD#:
<input type="checkbox"/>	<input type="checkbox"/>	8. Are you 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- 7 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.



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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.

Signature
Date

Print Name

Appendix B: Application to Hand Grade an Answer Sheet

Application to Hand Grade Answer Sheet

Print clearly and legibly all required information requested below.

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ ZIP _____

Daytime Phone Number with Area Code _____ Fax Number _____

Email Address _____

Date of Examination _____ Candidate Number _____

Hand-grade requests must be made within 90 days of your test date. Applications received after the 90th day will be returned to the candidate.)

Hand Grade Fee: \$25.00

Please enclose one of the following methods of payment with your application as shown below:

Check or money order payable to Professional Testing.

VISA

MasterCard

Name on card: _____

Signature of cardholder: _____

Billing address on credit card statement _____

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M M Y Y
Expiration Date

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Credit Card number (do not use spaces or dashes)

Application with check payment must be mailed to:

Professional Testing, Inc., PO Box 691226, Orlando, Florida 32869-1226

Application with credit card payment must be mailed or faxed to:

Professional Testing, 7680 Universal Blvd., Ste. 300, Orlando FL 32819. Fax 407-264-2855

I understand that this process will confirm that the answer sheet was correctly graded. This process is performed by Professional Testing, Inc..

SIGNATURE: _____

Results will be mailed to you at the address you list above, with a copy sent to the CSA Certification Department.

Appendix C: ADA Accommodation Request Form



**CERTIFIED SENIOR ADVISOR (CSA)[®]
ADA ACCOMMODATION REQUEST FORM**

If you have a disability covered by the Americans with Disabilities Act of 1990 (ADA) and would like to request an accommodation in testing, please complete all Sections below and have an appropriate professional (educator, doctor, psychologist, psychiatrist) with current knowledge of your disability complete Section 2 below if your disability is not medical.

As provided in Section 3 below, please submit documentation in support of your request. If you have existing documentation of having the same or similar accommodation provided to you in another testing situation, you may submit such documentation as compliance with the requirements in Section 3.

This form must be completed in its entirety in order for your request to be processed. Please submit this request as soon as possible as it takes time to review your request and set up an accommodation. The CSA Office on Certification will process your request as expeditiously as possible in order to not delay testing.

Section 1 (To be completed by Candidate)

Please type or print clearly

Name _____

Social Security Number (last 4 digits) _____

Address _____

City _____ State _____ Zip Code _____

Disability _____

By signing below, I attest that the information I have provided on this application is accurate, true and correct to the best of my knowledge. I agree to and authorize the release of the information requested to the CSA Office on Certification for use in determining eligibility for the requested accommodation in testing. If the information provided is not sufficient to evaluate the request, I authorize the CSA Office on Certification to request additional information from me. I understand the CSA Office on Certification reserves the right to verify any and all information in my application, this request, or in connection with my certification. I understand and agree that failure to provide accurate, true and correct information shall constitute grounds for rejection of my application, request for this accommodation in testing, or denial or revocation of my certification.

Signature _____ Date _____

Section 2 (To be Completed by Candidate or Appropriate Professional)

Please Type or Print Clearly

From Professional:

I have known _____ since _____
(Full name of candidate) (Date)

In my role as a _____
(Professional title)

The candidate has discussed with me the nature of the certification examination to be administered. It is my opinion that because of this candidate's disability as detailed on the attached letter and supporting documentation, he/she should be accommodated by providing the following: (Please check all that apply.)

- Reader
- Scribe
- Extended time
 - Time-and-a-half
 - Double time
 - More than double time (please justify)
- Separate testing area
- Use of computer or other adaptive equipment
(Please specify) _____
- Other (please specify) _____

To be completed by Candidate:

Name _____

Signed _____ Date _____

To be completed by Professional:

Name _____

Signed _____ Date _____

Title _____

License# & State _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

Section 3 (To be completed by Candidate or Appropriate Professional)

If requesting accommodations due to a learning disability, please submit relevant diagnostic test results detailing the specific nature of the candidate's disability as it relates to the request and the reasons for requesting the accommodation.

If requesting accommodations due to a medical issue, please have the appropriate professional submit a letter detailing the nature of the disability and the reasons for requesting the accommodation. The letter must be written on the professional's letterhead and must have an original signature. This letter may not be dated longer than 5 years prior to this application.

Please Note: All requests for special accommodations must be mailed to the address below:

CSA Office on Certification
Attn: Exam Accommodations
720 S. Colorado Boulevard
Suite 750 North
Denver, CO 80246
Ph: 800-653-1785
Certification@csa.us

Appendix D: CSA Certification Appeals Form



CSA Certification Appeals Form

Name of Person Filing an Appeal:

First Name

Last Name

Contact Information:

Email

Phone Number

Are you a CSA: (Circle One) **Yes** **No**

Please Select the Option that Best Describes the Reason for Your Appeal:

- Appeal for the denial of initial certification
- Appeal for the denial of recertification (excluding disciplinary actions)
- Appeal for the denial of request for special accommodations (ADA)
- Appeal for disciplinary actions of suspension or revocation

The request for appeal must be submitted in writing via the CSA Certification Appeals Form within 30 days of the receipt of the decision related to the complaint. All requests for appeals must be submitted to the CSA Certification Department.

Please provide detailed information regarding your appeal:

The CSA Certification Department will acknowledge receipt of your appeal within 2 business days.