



Professional Service Coordinator Certificate Renewal Application

To retain the PSC designation, AASC requires all PSCs to participate in the renewal program. This ensures that PSCs maintain the highest professional standards and continue to receive additional training. PSCs must meet the requirements below and submit evidence of professional development activities on a periodic basis in order to maintain the PSC certification.

To renew the PSC designation, AASC requires all PSC holders to:

- Obtain 36 training contact hours (12 per year) including a minimum of 3 hours of ethics training every 3 years
- Be an AASC member in good standing

Approved courses that will be accepted for the ethics requirement must have the word “ethics” or a variation (ethical, ethically, ethicality, ethicalness) in the objectives and/or in the course title; otherwise, they will not count toward the requirement.

In addition to this application form, you must submit proof of training contact hours, including information related to ethics training. Proof of training contact hours includes completion certificates, agendas, programs, etc.

If you attend an event such as a conference or symposium where multiple sessions are presented, you must list each individual session you attended.

Please complete the application beginning on the next page in its entirety. Submit completed applications to Ikea Haralson at iharalson@servicecoordinator.org.

For office use only

Date submitted: ____/____/____

Date paid: ____/____/____

Date approved: ____/____/____

Ethics hours: _____

Non Ethics Credits _____

Total TCH: _____

Your Information

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

AASC Member Number _____ Date PSC Earned ____/____/____

Continuing Education

Training contact hours – You are required to obtain 36 training contact hours over three (3) years. At least three (3) of the 36 hours must be ethics training.

Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Program Name _____ Instructor _____

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Number of Training Contact Hours Earned _____ Ethics Training Yes No

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Number of Training Contact Hours Earned _____ Ethics Training Yes No

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Number of Training Contact Hours Earned _____ Ethics Training Yes No

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Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

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Number of Training Contact Hours Earned _____ Ethics Training Yes No

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Number of Training Contact Hours Earned _____ Ethics Training Yes No

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Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Program Name _____ Instructor _____

Location _____ Date of Instruction _____

Number of Training Contact Hours Earned _____ Ethics Training Yes No

Learning Objectives:

Note: The American Association of Service Coordinators reserves the right to request additional information during the review of PSC renewal applications.