

Sample PSC Renewal Application

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 _____

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Learning Objectives:

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