



9ZYWj Y'5i [i gh&\$%%

READ CAREFULLY BEFORE PROCEEDING

- Copies of all required information and documentation must be received by the Certification Board in order for this application to be reviewed. Incomplete applications will be held on file for six months. The non-refundable fee for certification review is \$25.00.
- APPLICATION MUST BE NOTARIZED (see page 4)
- READ THROUGH THE APPLICATION BEFORE STARTING AND MAKE COPIES OF THE SECTIONS YOU WILL NEED. You may attach additional pages if you need more space for required information.
- Applications must be postmarked by January 1, April 1, July 1 or October 1 for quarterly review.
- TYPE OR PRINT APPLICATION INFORMATION IN INK.

LAST NAME _____ FIRST NAME _____ FORMER _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ EMAIL _____

*****CHECK THE OPTION YOU ARE APPLYING FOR*****

Within that option you must meet and provide documentation for ALL FOUR CRITERIA AREAS. Criteria are numbered 1-4 within each OPTION. The required documentation for each criteria is listed in **BOLD PRINT**.

FOR EACH OPTION: The Certified Activity Professional Applicant **MUST** have completed a 36 or 42 hour basic Activity Director Course. There is no time limit for when the course was taken, but documentation must be provided. These hours **DO NOT COUNT** toward the continuing education requirement (criteria 4).

OPTION ONE

1. Current member of IAPA in good standing. **ENCLOSE COPY OF IAPA MEMBERSHIP CARD**
2. High School Diploma or Equivalent. **COMPLETE EDUCATION SECTION OF APPLICATION**
3. Two years (4,000 hours - FTE) activities work experience attained within the last five years prior to application. **COMPLETE WORK EXPERIENCE HISTORY SECTION OF APPLICATION**
4. Thirty-five (35) Continuing Education Clock Hours from “Body of Knowledge” (page 4) completed within three years prior to application. **ENCLOSE COPIES OF DOCUMENTATION (SUCH AS CERTIFICATES) WHICH VERIFY THE FOLLOWING INFORMATION:** Topic; Date; Location; Hours of instruction; Instructors Name and Credentials; Sponsoring Agency (if any). *NOTE: If any of this information is not on the certificate of attendance, or if the topic title does not clearly reflect the Body of Knowledge List, attach a written explanation.*

OPTION TWO

1. Current member of IAPA in good standing. **ENCLOSE COPY OF IAPA MEMBERSHIP CARD**
2. Thirty (30) College Semester Units (One Year) including “Required Content Coursework” (page4). **ENCLOSE TRANSCRIPT COPIES OR HAVE TRANSCRIPTS SENT DIRECTLY FROM COLLEGE(S) TO IAPA AND COMPLETE EDUCATION CONTINUED SECTION OF APPLICATION**
3. Two years (4,000 hours - FTE) activities work experience attained within the last five years prior to application. **COMPLETE WORK EXPERIENCE HISTORY SECTION OF APPLICATION**
4. Thirty (30) Continuing Education Clock Hours from “Body of Knowledge” (page 4) completed within three years prior to application. **SEE REQUIREMENTS OF OPTION ONE, CRITERIA #4.**

OPTION THREE

1. Current member of IAPA in good standing. **ENCLOSE COPY OF IAPA MEMBERSHIP CARD**
2. Sixty (60) College Semester Units (Two Years) including “Required Content Coursework” (page 4). **SEE REQUIREMENTS OF OPTION TWO, CRITERIA #2**
3. Two years (4,000 hours - FTE) activities work experience attained within the last five years prior to application. **COMPLETE WORK EXPERIENCE HISTORY SECTION OF APPLICATION**
4. Twenty-five (25) Continuing Education Clock Hours from “Body of Knowledge” (page 4) completed within three years prior to application. **SEE REQUIREMENTS OF OPTION ONE, CRITERIA #4.**

OPTION FOUR

1. Current member of IAPA in good standing. **ENCLOSE COPY OF IAPA MEMBERSHIP CARD**
2. Bachelor’s Degree in a related field such as Art Therapy, Music Therapy, Occupational Therapy, Recreation and Leisure, Social Work, or Therapeutic Recreation. If not in a related field Bachelor’s Degree including “Required Content Coursework” (page4). **SEE REQUIREMENTS OF OPTION TWO, CRITERIA #2**
3. Two years (4,000 hours - FTE) activities work experience attained within the last five years prior to application. **COMPLETE WORK EXPERIENCE HISTORY SECTION OF APPLICATION**
4. Twenty (20) Continuing Education Clock Hours from “Body of Knowledge” (page 4) completed within three years prior to application. **SEE REQUIREMENTS OF OPTION ONE, CRITERIA #4.**

WORK EXPERIENCE HISTORY

Required for all options: Letter from current employer stating your job title and verifying your FTE status.

A. Facility/Agency _____ Phone _____

Complete Address _____

City/State/Zip Code _____

Type of Facility/Agency and Residents/Clients _____

Applicant's Title _____ Supervisor's Name/Title _____

Employment: (Include Month/Day/Year-of-Start & End Dates) From _____ To _____

Check: Full Time _____ Part Time _____ Numbers of Hours per Week _____

TOTAL NUMBER OF HOURS WORK EXPERIENCE AT THIS JOB _____

B. Facility/Agency _____ Phone _____

Complete Address _____

City/State/Zip Code _____

Type of Facility/Agency and Residents/Clients _____

Applicant's Title _____ Supervisor's Name/Title _____

Employment: (Include Month/Day/Year-of-Start & End Dates) From _____ To _____

Check: Full Time _____ Part Time _____ Numbers of Hours per Week _____

TOTAL NUMBER OF HOURS WORK EXPERIENCE AT THIS JOB _____

C. Facility/Agency _____ Phone _____

Complete Address _____

City/State/Zip Code _____

Type of Facility/Agency and Residents/Clients _____

Applicant's Title _____ Supervisor's Name/Title _____

Employment: (Include Month/Day/Year-of-Start & End Dates) From _____ To _____

Check: Full Time _____ Part Time _____ Numbers of Hours per Week _____

TOTAL NUMBER OF HOURS WORK EXPERIENCE AT THIS JOB _____

TOTAL NUMBER OF HOURS WORK EXPERIENCE WITHIN LAST 5 YEARS _____

EDUCATION

| High School Attended | City/State | Graduation/Equivalency Date |
|----------------------|------------|-----------------------------|
|----------------------|------------|-----------------------------|

For Option One Only - include a copy of high school diploma or GED

| COLLEGE/UNIVERSITY | STATE | DATES ATTENDED | MAJOR | DEGREE |
|--------------------|-------|----------------|-------|--------|
|--------------------|-------|----------------|-------|--------|

EDUCATION CONTINUED

COLLEGE COURSEWORK HOURS/UNIT - ONE (1) SEMESTER UNIT = 1.5 QUARTER UNITS

One year of coursework usually equals 30 SEMESTER hours/units or 45 QUARTERS hour/units.

WHEN TRANSLATING COLLEGE COURSEWORK FROM SEMESTER AND QUARTER HOURS/UNITS INTO CLOCK/CONTACT HOURS FOR CONTINUING EDUCATION - 1 Semester Hour = 15 Clock Hours; 1 Quarter Hour = 10 Clock Hours; When using college course(s) to meet the Continuing Education criteria #4 within each option, only the transcript is necessary for required documentation.

REQUIRED CONTENT COURSEWORK

(SEE LIST ON PAGE 4 AND REQUIREMENTS FOR OPTIONS 2,3,4 - CRITERIA #2 - ON PAGE 1)

| Course Course Title | Number | Units of Credit | Course Work Area #1-16 (pg. 4) | College/University |
|------------------------|--------|--------------------|-----------------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please Read! Important Information about Education Requirements

CONTINUING EDUCATION (C.E.) QUALIFICATIONS - Adult education, workshops, seminars, college courses, educational sessions at professional meetings of activities and health care allied associations, articles published, workshops/presentations presented on professional issues. Credit will be given only once for articles and workshop/presentations given no matter how many times that article is published or the session presented. Published professional journal articles count 5 C.E. hours per 300 words; published State or National newsletter articles count 3 C.E. hours per 300 words. Copy of article must be included. For workshops or presentations applicant has conducted, double the actual time of the session to calculate C.E. hours. Entertainment, reading, travel, business and committee meetings may not be used to meet C.E. requirements. In-services may be used, if applicable, but may total no more than 25% of total C.E. hours

THERE IS NO LIMIT ON HOW LONG AGO COLLEGE/ACADEMIC PREPARATION COURSE WORK OR BASIC ACTIVITY DIRECTOR COURSE MAY HAVE BEEN TAKEN. IN ORDER TO MEET CRITERIA#4 OF EACH OPTION, YOU MUST SUBMIT THE DOCUMENTATION OUTLINED WITHIN OPTION ONE. DO NOT SEND ORIGINAL CERTIFICATES, ONLY COPIES.

NUMBER OF CONTINUING EDUCATION CERTIFICATES/DOCUMENTS SUBMITTED _____

NUMBER OF C.E. CLOCK HOURS SUBMITTED (EARNED WITHIN LAST 3 YEARS) _____

REQUIRED CONTENT COURSEWORK AREA (For Options Two, Three & Four - Criteria #2)

If applicant is using one year academic education to qualify for certification, at least four of the following coursework areas must be included. If using two years of academic education; six areas, and four years or more academic education; eight areas of coursework must be included.

Number and Area of Coursework

- | | |
|--|---|
| 1. Gerontology/Aging | 9. Music Appreciation, History or Theory |
| 2. Communication Arts - Graphics | 10. Physical Ed, Fitness, Movement, Dance |
| 3. English, Journalism, Writing | 11. Health Sciences & Human Services |
| 4. Leadership Skills, Group Dynamics | 12. Management/Administration |
| 5. Psychology, Human Development | 13. Education Course Work |
| 6. Sociology including Death & Dying | 14. Therapy (Art, Dance, Drama, OT, PT, Recreation) |
| 7. Speech, Drama, Theater | 15. Biological Sciences |
| 8. Art Appreciation, History or Theory | |

BODY OF KNOWLEDGE LIST (For all Options - Criteria #4)

BIOLOGY OF AGING
SOCIOLOGY OF AGING
PSYCHOLOGY OF AGING
LEISURE AND AGING
BASIC HEALTH
GROUP INSTRUCTION/LEADERSHIP
THERAPY FOR DISABLED AGING
PUBLIC SPEAKING
PUBLIC RELATIONSHIPS
INTERPERSONAL RELATIONSHIPS
PROFESSIONALISM

MOTIVATION
COMMUNITY SERVICES/SUPPORT/RELATION
EVALUATING PATIENTS/RESIDENTS
REGULATIONS
PROGRAMMING TYPES
- To be Described (Enumerated, Planned, Resources)
PROGRAM MANAGEMENT
PERSONAL EMPLOYMENT
MANAGEMENT LEADERSHIP/WRITING SKILL
FINANCIAL MANAGEMENT
CONSULTING

NOTARIZATION OF APPLICATION

The applicant personally appeared and stated upon this _____ day of _____, 20 _____
That the information contained therein is true and correct.

Signature of Applicant

Notary Public in and for the State of

Commission Expires

Signature of Notary

IAPA Certification is valid for a two year period. The successful applicant will receive a certificate and card designating her/him as an IAPA "Certified Activity Professional." Renewal applications will be sent to you prior to your certification's expiration date. Renewal requirements are: member in good standing of IAPA, 20 hours of C.E. from the Body of Knowledge within the prior two years, \$25 fee.

Mail by first day of month that it is due. Please advise IAPA should your mailing address change. Put Certification Board on envelope.

OPTIONAL: Develop an activity program to put in the IAPA Newsletter.

Mail application with check made out to IAPA for \$25 to: ~~AAA~~

Á

Misty Smith
2431 South 9th St.
Springfield, IL 62703