



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 criterion is listed in BOLD PRINT.

FOR EACH OPTION: The Certified Activity Professional Applicant MUST have completed a 36-hour 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

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 payable to IAPA for \$25 to:

Linda Sherman
Oak Crest
2944 Greenwood Acres Dr.
DeKalb, IL 60115