



CESP™ Exam Application

EXAM LOCATION
Friday, April 29th, 2016
1:30pm to 4:30pm
Clarion Hotel Lexington
Preakness Room
1950 Newtown Pike
Lexington, KY 40511

Please print clearly and neatly. Fill out all sections of the application. Incomplete or illegible applications will not be processed. Do not submit applications without payment. Confirmations and other important exam information will be sent to you via email. Please ensure your email address is correct. All applications must be received before: April 19, 2016

Mail or Fax the application and registration fees to:

CESP™ Exam application
 APSE Office
 414 Hungerford Drive, Suite 224
 Rockville, MD 20850
 Fax: (301) 279-0075

SECTION 1. Candidate Information (Please complete all sections and print clearly)

Last Name	First Name	Middle Initial/Name	
Mailing Address/PO Box			
City	State	Zip	
Home Phone Number (including area code)	Personal Email (required)	Professional Email (required)	
Credentials	Employer/Company		
Job Title	Work Phone Number		
Business Address			
City	State	Zip	

The name and address listed above must match the name and address on your government-issued photo identification required for entrance to the exam.

I am: a new applicant (not currently certified) applying to retest, date of last exam: _____

I am including a Request for Accommodations. Candidates requesting special accommodations must submit the Request for Accommodations form at least 2 weeks prior to the examination date.

Applicants for certification must meet all of the following requirements before they take the exam:

1. Education Requirement: High school diploma, GED or equivalent;
2. Experience Requirement: Each applicant must meet one of the following requirements: 1 year of employment support professional (ESP) work experience, which may include up to a maximum of 3 months of internship or practicum time; **OR** 9 months of ESP work experience with training component; and
3. Code of Conduct: Each applicant must agree to and sign the Code of Conduct included in the application

SECTION 2. Eligibility (Required)

Education (please list highest level of education completed below):		
School:	Degree:	Date Completed:
School:	Degree:	Date Completed:
Experience:		
Length of paid ESP work experience (see definition below):	Years:	Months:
Length of internship(s):	Internship #1:	Internship #2:
Training:		
Course Name:	Date Completed:	Total Hours:
Course Name:	Date Completed:	Total Hours:
Code of Conduct:		
I hereby attest that I have read and understand the ESPCC Code of Conduct and agree to abide by the Code of Conduct.		
Signature:	Date:	

Work Experience: At least 20 hours per week of paid ESP related work. Work completed as part of an internship, practicum, or other on-the-job training may be counted up to the limits noted above. Work experience includes employment as a direct employment services professional, provision of direct employment services as an agency/company employee, and/or managerial or supervisory work in employment services. Experience in school-to-work transition environments providing employment services also qualifies as acceptable work experience.

Training: An internship or practicum of at least 2 months in length and/or successful completion of an intensive training course that includes at least 32 hours of ESP related course work. The content for acceptable training courses must be directly related to the CESPTM content outline. Acceptable training content is related to supported and customized employment as well as training relevant to providing employment and community based supports to people with disabilities. Examples of acceptable training content includes: specialized training to work with specific disability groups (i.e.

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autism or mental illness), training on small businesses development, American with Disabilities Act (ADA) training, benefits counseling, and strategies for job development. Training related to segregated employment services or services that are not widely considered to be best practices will not be accepted.

SECTION 3: Attestation

I have read and understand the CESP™ Certification Handbook (available on the APSE Web site) and I agree to abide by the policies of the ESPCC, including confidentiality and disciplinary rules. I understand that the information I provide to ESPCC may be audited to verify my eligibility. I authorize ESPCC to make any necessary inquiries to verify my eligibility.

I understand that submission of false or misleading information at any time may be cause for withdrawal or revocation of this application and/or certification without refund of any fees.

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge.

Signature	Date
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Note: Requests for refunds or rescheduling must be made, in writing, no less than 14 calendar days prior to testing date. Requests within 14 calendar days of the testing date will receive a partial refund less a 25% administrative processing fee. Requests made less than 14 calendars days prior to the testing date will not be honored. No refunds of exam fees are available once a candidate has taken the exam.

Request for Accommodations Form

ESPCC will provide reasonable accommodations for test candidates with disabilities that are covered under the Americans with Disabilities Act (ADA). Candidates requesting accommodations must submit the Request for Accommodations Form at least 2 weeks prior to the exam date. ESPCC reserves the right to review any request for accommodations and have requests considered by its own experts to ensure an appropriate level of accommodations and protect the integrity of the examination and certification.

Last Name	First Name	Middle Initial/Name
Street Address/PO Box		
City	State	Zip
Home Phone Number (including area code)	Email Address (required)	

Special Testing Accommodations

I request special accommodations as follows (check all that apply):

- Special seating or other physical accommodation
- Extended testing time
- Separate testing room
- Oral testing
- Other (please describe): _____

Signature	Date
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Professional Documentation for Testing Accommodations

Evaluation must be conducted by a medical professional and have occurred no earlier than 3 years prior to application:

I have evaluated _____ on ____ / ____ / ____ in my capacity as a
candidate namedate

_____. I have been informed of the nature of the examination to
Professional title

be administered. It is my opinion that because of this candidate's disability, as described below, he/she should receive the special testing accommodations requested above.

Description of disability (please attach any supporting documentation):

Request for Accommodations Form (cont.)

If extra testing time is recommended, please specify the amount of time requested (e.g. 1 extra hour): _____

Professional's Name		Credentials	
Address			
City		State	Zip
Professional License Number & State of Issue		Email Address (required)	
Signature		Date	

Mail the application, request for accommodations, and registration fees to:

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CESP™ Examination

Payment Form

Registration fee (Please include payment payable to APSE):

\$159.00

Credit Card:

Please Check One:

___ Visa 

___ American Express 

___ Discover Card 

___ MasterCard 

Last Name	First Name	Middle Initial/Name
Card #	Exp.	CV#
Company Name (if applicable)		
E-Mail Address		Phone #
Billing Address/PO Box		
City	State	Zip
Signature	Date	Amount Authorized

Check Enclosed:

Check #	Amount Enclosed
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