



# CERTIFIED AGING-IN-PLACE SPECIALIST (CAPS) Graduation Application

**Please complete the information below:**

Name: _____	Phone: _____
Company: _____	Fax: _____
Address: _____	Email: _____
City, State, Zip Code: _____	Education ID: _____

**To earn the CAPS designation you are required to:**

- Complete the three required courses:
  - Marketing and Communicating with the Aging in Place Client (CAPS I)
  - Design Concepts and Methods for Livable Homes and Aging in Place (CAPS II)
  - Details and Solutions for Livable Homes and Aging in Place (CAPS III)

**You are required to submit the following documentation with this application:**

- Submit a signed copy of the Code of Ethics Pledge

**Remodelers/Contractors are required to submit the following documentation with this application:**

- Proof of liability insurance and workers compensation insurance for yourself or be an employee of a company that holds both (Where required by local jurisdiction)
- Valid business license (if state required)

**Candidate Business Classification:**

- Remodeler/Contractor    Architect    Designer    Occupational Therapist    Consultant    Other

**Graduation Fee:**

- \$195 NAHB Member
- \$245 Non-NAHB Member

**Method of Payment:**

- Check enclosed in the amount of \_\_\_\_\_ made payable to **NAHB**.
- Charge my credit card in the amount of \_\_\_\_\_ to my  Visa    MasterCard    American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Billing information: (This is required for all credit card payments)**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PLEASE RETURN TO:**

NAHB Education  
 Certified Aging-In-Place Specialist  
 1201 15<sup>th</sup> Street, NW  
 Washington, DC 20005  
 Or fax to (202) 266-8191  
 Email: CAPSinfo@nahb.org