



Application for Certified Anxiety Rehabilitation Services Provider (A-RSP)

Date: _____

Name (as it appears on your license, registration, credential or membership):

Street Address: _____

City: _____ State/Territory: _____

Postal Code: _____ Country: _____

Phone: _____

Email Address: _____

I attest to the following (please initial each):

___ I am a licensed, registered, credential or membered professional as outlined in Criterion 1.1 of the Certification Standards

___ My professional license, registration, credential or membership is current and in good standing as outlined in Evergreen Certifications' Code of Ethics

___ I have completed the required 12 education hours as outlined in Criterion 2.1 of the Certification Standards

___ I have conducted a minimum of 200 contact hours providing rehabilitation services/therapy to Anxiety-diagnosed clients as outlined in Criterion 3.0 of the Certification Standards

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my licensing board may be contacted.

I understand that information submitted with this application may be verified for accuracy by Evergreen Certifications. I also agree to contact Evergreen Certifications in the event that I no longer meet the requirements to be a Certified Anxiety Rehabilitation Services Provider.

Signed: _____ Date: _____