



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:

- \$145 NAHB Member
- \$218 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 15th Street, NW
 Washington, DC 20005
 Or fax to (202) 266-8191
 Email: CAPSinfo@nahb.org