



**NATIONAL ASSOCIATION OF HEARING OFFICIALS**  
APPLICATION FOR CERTIFICATION (REV 8/4/2009)

**PERSONAL INFORMATION**

Last Name, First Name MI	
Title	Agency
Address Line 1 <input type="checkbox"/> Work Address <input type="checkbox"/> Home Address	
Address Line 2	
City, State ZIP	
Telephone Number	Fax Number
E-mail address	
NAHO Membership No. (attach copy of membership card)	Expiration Date
Date Hired as Hearing Official	Length of Service

**CERTIFICATE REQUESTED:**  Administrative Law Judge  Hearing Official

**APPLICATION FEE ENCLOSED**

- NAHO member attending NAHO conference in last three years  \$35  
Conference(s) attended: \_\_\_\_\_
- NAHO member not attending conference in last three years  \$60
- Non-member attending NAHO conference in last three years  \$60  
Conference(s) attended: \_\_\_\_\_
- Non-member not attending conference in last three years  \$85

**POST-SECONDARY EDUCATION**

Name of Institution	Area of Study	Degree/Year

I swear or affirm that the above is true and correct and that I have attended the courses listed in this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I approve this application for certification for this employee.

\_\_\_\_\_  
Signature of Supervisor or Agency Director

\_\_\_\_\_  
Title

## COURSES ATTENDED

**Important:** These charts must be completed for all courses for which you seek credit for certification. List the course under the applicable general subject matter. Please indicate under "Sponsor" if the course was on video or audiotape. List the length of the course under number of hours. **For all courses except those sponsored by the National Association of Hearing Officials, please attach a copy of the course agenda or outline showing subject matter, speaker, duration, and content of presentation.** Do not send a copy of the course materials. Please attach additional sheets as necessary.

### MANDATORY COURSES (34 hours)

**ADMINISTRATIVE LAW (5 hours)** (In-depth discussion of underlying theories and concepts supporting administrative law hearings.)

Course Title	Sponsor / Address	Date / # of Hours
Course Title	Sponsor / Address	Date / # of Hours
Course Title	Sponsor / Address	Date / # of Hours

**CONDUCT AND CONTROL OF ADMINISTRATIVE HEARINGS (5 hours)**

Course Title	Sponsor / Address	Date / # of Hours
Course Title	Sponsor / Address	Date / # of Hours
Course Title	Sponsor / Address	Date / # of Hours

**CREDIBILITY (2 hours)**

Course Title	Sponsor / Address	Date / # of Hours
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**DIVERSITY OR MULTICULTURALISM (2 hours)**

Course Title	Sponsor / Address	Date / # of Hours
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**DUE PROCESS IN ADMINISTRATIVE HEARINGS (4 hours)** (discussion of due process from a legal and constitutional perspective.)

Course Title	Sponsor / Address	Date / # of Hours
Course Title	Sponsor / Address	Date / # of Hours

**ETHICS FOR AND BEFORE THE HEARING OFFICIAL OR ALJ (4 hours)**

Course Title	Sponsor / Address	Date / # of Hours
Course Title	Sponsor / Address	Date / # of Hours

**EVIDENCE IN ADMINISTRATIVE HEARINGS (5 hours)**

Course Title	Sponsor / Address	Date / # of Hours
Course Title	Sponsor / Address	Date / # of Hours
Course Title	Sponsor / Address	Date / # of Hours

**LEGAL RESEARCH (2 hours)**

Course Title	Sponsor / Address	Date / # of Hours
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**DECISION WRITING (5 hours)**

Course Title	Sponsor / Address	Date / # of Hours
Course Title	Sponsor / Address	Date / # of Hours
Course Title	Sponsor / Address	Date / # of Hours

**MINIMUM TOTAL HOURS / YOUR TOTAL** ..... **34 HOURS /** \_\_\_\_\_

**ELECTIVE COURSES (10 hours)**

Please indicate the subject of the course as selected from the Elective list.

**SUBJECT:**

Course Title	Sponsor / Address	Date / # of Hours
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**SUBJECT:**

Course Title	Sponsor / Address	Date / # of Hours
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**SUBJECT:**

Course Title	Sponsor / Address	Date / # of Hours
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**SUBJECT:**

Course Title	Sponsor / Address	Date / # of Hours
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**SUBJECT:**

Course Title	Sponsor / Address	Date / # of Hours
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**SUBJECT:**

Course Title	Sponsor / Address	Date / # of Hours
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**MINIMUM TOTAL HOURS / YOUR TOTAL** ..... **10 HOURS /** \_\_\_\_\_

**SUBSTANTIVE PROGRAM AREA COURSES (8 hours)**

Please indicate the subject of the course.

**SUBJECT:**

Course Title	Sponsor / Address	Date / # of Hours
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**SUBJECT:**

Course Title	Sponsor / Address	Date / # of Hours
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**SUBJECT:**

Course Title	Sponsor / Address	Date / # of Hours
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**SUBJECT:**

Course Title	Sponsor / Address	Date / # of Hours
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**SUBJECT:**

Course Title	Sponsor / Address	Date / # of Hours
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**SUBJECT:**

Course Title	Sponsor / Address	Date / # of Hours
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**MINIMUM TOTAL HOURS / YOUR TOTAL** ..... **8 HOURS /** \_\_\_\_\_

PLEASE COMPLETE, PRINT, AND MAIL THIS FORM, ALONG WITH YOUR CHECK OR AGENCY VOUCHER PAYABLE TO:

**NATIONAL ASSOCIATION OF HEARING OFFICIALS**

*Attention: Certification Committee  
c/o Ramona Collingsworth  
TX Health & Human Services Commission  
1540 New York Avenue  
Arlington, TX 76010*