



NATIONAL ASSOCIATION OF HEARING OFFICIALS
APPLICATION FOR RECERTIFICATION (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

RECERTIFICATION REQUESTED: Administrative Law Judge Hearing Official

APPLICATION FEE ENCLOSED

- NAHO member attending NAHO conference in last three years \$20
Conference(s) attended: _____
- NAHO member not attending conference in last three years \$35
- Non-member attending NAHO conference in last three years \$25
Conference(s) attended: _____
- Non-member not attending conference in last three years \$35

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

Signature of Applicant

Date

I approve this application for certification for this employee.

Signature of Supervisor or Agency Director

Title

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

COURSES ATTENDED

Important: These charts must be completed for all courses for which you seek credit for recertification. A total of twelve hours every three years in any of the listed subject areas must be taken and verification sent with the renewal application. List the applicable general subject matter. List the length of the course under number of hours. Please indicate under "Sponsor" if the course was on video or audiotape. Four of these hours can be by approved video or audio tape. **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.

<input type="checkbox"/> MANDATORY	<input type="checkbox"/> ELECTIVE	<input type="checkbox"/> SUBSTANTIVE
Course Title	Sponsor / Address	Date / # of Hours

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