



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 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

Code of Ethics

As a Certified Aging-in-Place Specialist in good standing, I believe in, and accept, the responsibilities and obligations inherent in providing remodeling services to the aging-in-place population. Basic to these ethical beliefs, I agree to abide by and support the following objectives:

I Pledge:

TO CONDUCT my business affairs with professionalism and skill.

TO PROVIDE the best remodeling value possible.

TO DEMONSTRATE patience, trust, and respect in communicating with the client.

TO RESPECT the opinions and concerns of clients without bias, ageism or stereotyping.

TO PROTECT the customer through the use of high quality materials and remodeling practices backed by integrity and service.

TO MEET all of my financial obligations in a responsible manner.

TO COMPLY with the spirit and letter of my business contracts, and manage all of my employees, subcontractors, and suppliers with fairness and honor.

TO KEEP informed regarding public policies and other essential information, which affect my business interests and those of the building industry as a whole.

TO COMPLY with the rules and regulations prescribed by law and government agencies for the health, safety, and welfare of the aging-in-place community.

TO PROVIDE timely response to items covered under warranty.

TO SEEK to resolve any controversy which I may become involved in through a non-litigation dispute resolution mechanism.

TO NOT ATTEMPT to injure, with malicious intent, either directly or indirectly, the professional reputation, prospects, practice, or employment of another remodeler.

TO SUPPORT and abide by the decisions of the Certified Aging-in-Place Specialist Board of Governors in promoting and enforcing the CAPS designation program.

As a Certified Aging-In-Place Specialist, I assume the full responsibilities of this Code of Ethics freely, and am solemnly mindful that these responsibilities are a part of my obligation as a Certified Aging-In-Place Specialist. I pledge my support to these Code of Ethics.

Certified Aging-in-Place Specialist's Signature

Date



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