



**COVID-19 CERTIFICATION EXTENSION
APPLICATION
\$25 Fee**

CERTIFICATION HOLDER INFORMATION		
First Name:	Last Name:	
Address:		
City:	State:	Postal Code:
Phone Number:	Email Address:	
Certification Number:	Current Expiration Date:	

Please read and sign:

- I request that NAARSO change my Certification Expiration date to reflect 3/31/2021.
- I understand I must complete 32 hours of NAARSO approved continuing education hours prior to 3/31/2022 in order to maintain my Certification as noted in NAARSO's Certification Program Rules.
- If I fail to achieve the required 32 hours by this grace period expiration date, my Certification will not be renewed.

Signature: _____ Date: _____

To pay by mail, send application and fee to: NAARSO, 107 Dunbar Ave, Ste Q, Oldsmar, FL 34677

To pay via credit card, send completed application to our email address is: info@naarso.com. An invoice will be generated and sent allowing for electronic payment.