

MEMBERSHIP APPLICATION INFORMATION

For questions contact Member Services at membership@aginglifecare.org or 520.881.8008.

CATEGORIES AND QUALIFICATIONS

ADVANCED PROFESSIONAL MEMBER — Those currently practicing Aging Life Care™ / care management. Members of this category must meet the following prerequisites: OPTION 1: A person who holds a Bachelor's, Master's or Ph.D. degree with at least one degree held in a field related to Aging Life Care™ / care management, i.e. counseling, gerontology, mental health, nursing, occupational therapy, physical therapy, psychology, or social work; and is primarily engaged in a paid position in the direct practice, administration or supervision of client-centered services to the elderly and their families; and has two years of post-degree supervised experience in a paid position in the field of Aging Life Care™ / care management within the last ten years; and holds a current ALCA-approved certification.*

OR

OPTION 2: A person who holds a Bachelor's, Master's or Ph.D. degree in a field unrelated to Aging Life Care™ / care management; and is primarily engaged in a paid position in the direct practice, administration or supervision of client-centered services to the elderly and their families; and has three years of post-degree supervised experience in the field of Aging Life Care™ / care management within the last ten years; and holds a current ALCA-approved certification.*

PROFESSIONAL MEMBER — Those currently practicing Aging Life Care™ / care management. Members of this category must meet the following prerequisites: OPTION 1: A person who holds an Associate's, Bachelor's, Master's or Ph.D. degree with at least one degree held in a field related to Aging Life Care™ / care management, i.e. counseling, gerontology, mental health, nursing, occupational therapy, physical therapy, psychology, or social work; and is primarily engaged in a paid position in the direct practice, administration, or supervision of client-centered services to the elderly and their families; and has two years of post-degree supervised experience in a paid position in the field of Aging Life Care™ / care management within the last ten years.

OR

OPTION 2: A person who holds an Associate's Nursing degree or RN Diploma; and is primarily engaged in a paid position in the direct practice, administration, or supervision of client-centered services to the elderly and their families; and has two years of post-degree supervised experience in a paid position in the field of Aging Life Care™ / care management within the last ten years.

OR

OPTION 3: A person who holds an Associate's, Bachelor's, Master's or Ph.D. degree in a field unrelated to Aging Life Care™ / care management; and is primarily engaged in a paid position in the direct practice, administration or supervision of client-centered services to the elderly and their families; and has three years of post-degree supervised experience in a paid position in the field of Aging Life Care™ / care management within the last ten years.

ASSOCIATE MEMBER — Those currently practicing Aging Life Care™ / care management. Members of this category must meet the following prerequisites: OPTION 1: A person who holds an Associate's, Bachelor's, Master's or Ph.D. degree and is primarily engaged in a paid position in the direct practice, administration, or supervision of client-centered services to the elderly and their families.

OR

OPTION 2: A person who holds an Associate's Nursing degree or RN Diploma and is primarily engaged in a paid position in the direct practice, administration, or supervision of client-centered services to the elderly and their families.

OR

OPTION 3: A person who holds an LPN, PTA, or OTA license** and is primarily engaged in a paid position in the direct practice, administration, or supervision of client-centered services to the elderly and their families.

STUDENT MEMBER — Those presently enrolled in an undergraduate, graduate or a certificate program from an accredited University or College with an interest in Aging Life Care™ / care management. Must show proof of enrollment with each renewal.

*ALCA-approved Certifications include the CMC, CCM, C-ASWCM, and the C-SWCM. For more information on these certifications visit aginglifecare.org.

**or other ALCA-approved license in an approved health or human services discipline

LETTERS OF RECOMMENDATION

Letters of recommendation should be sent from supervisors and/or colleagues working in the field of aging and who can attest to your **paid direct experience and knowledge in providing Aging Life Care™ / care management services**. If you are a solo practitioner, colleagues may include an elder law attorney, physician, trust officer, etc. These letters of recommendation should include:

- The supervisor/colleague's contact information
- Information about the scope of the work you performed that the supervisor/colleague observed
- Approximate dates the supervisor/colleague supervised or worked with you

ALCA REGIONAL CHAPTERS

Chapter membership is included in your annual dues. You will automatically be assigned to an ALCA Regional Chapter based on your business address. One chapter membership is included in your dues. However, if you wish to join an additional chapter(s), cost for each additional chapter is \$50/year.

FLORIDA: Florida, Puerto Rico, Virgin Islands

MID-ATLANTIC: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

MIDWEST: Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin, Ontario

NEW ENGLAND: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Quebec

NEW JERSEY

NEW YORK

SOUTHEAST: Alabama, Georgia, Mississippi, North Carolina, South Carolina, Tennessee

SOUTH CENTRAL: Arkansas, Louisiana, Oklahoma, Texas

WESTERN REGION: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, British Columbia

ACADEMIC HISTORY/CREDENTIALS/LICENSE

Degree	Major	Year Completed
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Degree	Major	Year Completed
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Degree	Major	Year Completed
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License#	Discipline
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Certification	Certifying Entity	Activity Dates
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AREAS OF PRACTICE (select all that apply)

- | | | |
|---------------------------------------|---|--|
| <input type="radio"/> Advocacy | <input type="radio"/> Crisis Intervention | <input type="radio"/> Home Care |
| <input type="radio"/> Assessment | <input type="radio"/> Education | <input type="radio"/> Information/Referral |
| <input type="radio"/> Care Management | <input type="radio"/> Entitlements | <input type="radio"/> Insurance |
| <input type="radio"/> Consultation | <input type="radio"/> Guardianship/Conservatorship | <input type="radio"/> Placement |
| <input type="radio"/> Counseling | <input type="radio"/> Guidance for Adults with Disabilities | <input type="radio"/> Psychotherapy |

BUSINESS TYPE

- (select all that apply)
- I am a Solo Practitioner
 - I am a Business Owner
 - I am an Employee
 - I work for a Non-profit

CHAPTER MEMBERSHIP

One Chapter membership is included with annual dues. Chapter assignment is based on your business address unless noted otherwise. If you wish to add additional chapter(s), cost for each is \$50/year.

Please list additional chapter(s) here: _____

ADDITIONAL LISTING

One address is included in your dues and will be used for the Find an Aging Life Care Expert Search. If you would like to list an additional address to extend your reach, there is an additional \$50 / year fee. Maximum of one additional listing.

Yes, I would like an additional listing, my additional address/city/state/zip is: _____

DOCUMENTATION REQUIRED FOR EACH LEVEL OF MEMBERSHIP

Processing of your application will not begin until ALCA receives all documents.

<p>Advanced Professional</p> <ol style="list-style-type: none"> Current Resume Copy of degree(s) or transcript(s) Copy of ALCA-Approved Certification(s) ALCA-Approved Certifications include the CMC, CCM, C-ASWCM, and C-SWCM. (For more information on these certifications visit aginglifecare.org.) Copy of license(s) or other certification(s) you want to list as a credential Two letters of recommendation (see instruction page for details) 	<p>Professional</p> <ol style="list-style-type: none"> Current Resume Copy of degree(s) or transcript(s) Copy of license(s) or other certification(s) you want to list as a credential Two letters of recommendation (see instruction page for details) 	<p>Associate</p> <ol style="list-style-type: none"> Copy of degree(s) or transcript(s) Copy of active license(s) or certification(s) One letter verifying employment as a care manager
		<p>Student</p> <ol style="list-style-type: none"> Evidence of enrollment in an undergraduate, graduate, or certificate program from an accredited university or college

RIGHTS & DUTIES OF MEMBERS

All members shall have the right to vote and to serve on committees. Only Advanced Professional members are eligible to serve on the Association Board of Directors. Only Advanced Professional members and, subject to the limitations set forth in Article 3, Professional members, are eligible to serve on a Chapter Board of Directors.

All members shall subscribe to the purpose of the Association and shall maintain the standards of practice and code of ethics as set forth by the Association. Any changes or additions to the standards of practice and/or code of ethics must be approved by the Board of Directors.

No member shall have been convicted of, or have pled guilty or no contest to, a felony related to the professional activities of the member. Any member who is formally charged, through an indictment or similar process, with such a felony shall have their membership, and all rights and privileges thereof, automatically suspended pending resolution. A member formally charged as described above shall immediately notify the Association.

Please read and check each box to indicate agreement with these conditions:

- I do and will continue to comply with all relevant state and professional licensing and certification requirements.
- I certify that the statements herein are correct, and I hereby authorize any agency or supervisor to provide relevant information to ALCA upon request.
- I acknowledge and accept the Rights and Duties of members as outlined on this application.
- I have read and accept the ALCA Standards of Practice and Code of Ethics at aginglifecare.org.
- I understand that my application will not be processed until all documents are received by ALCA.
- I understand that the contact information provided will be published in the Find an Aging Life Care Expert listing on the website (with the exception of the Student Members).

Signature	Printed Name	Date
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<input type="radio"/> Multiple ALCA members work for my employer/company. Please contact us about possible member discounts.	Member Dues: _____
<input type="radio"/> I work for a 501(c)(3) and have deducted 10% from my dues (discount does not apply to application fee or additional listing fee).	Extra Chapters (\$50/each): _____
PAYMENT	Discount(s): _____
<input type="radio"/> Check enclosed	Extra Listing (\$50): _____
<input type="radio"/> VISA/MC/AMEX# _____ Exp. _____	Application Fee (\$25): _____
	TOTAL DUE _____

Cardholder's Name (please print)	Signature
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How did you hear about us?

Referred by ALCA Member / ALCA Partner / ALCA Student Member _____

Internet Employer Colleague _____ Conference Other _____

SEND COMPLETED APPLICATION TO:

Aging Life Care Association® **Attention: Member Services**
 3275 W. Ina Road, Suite 130, Tucson, AZ 85741
 p 520.881.8008 f 520.325.7925 | membership@aginglifecare.org