



**VOLUNTARY CERTIFIED ACCESS SPECIALIST PROGRAM**  
**CONTINUING EDUCATION COURSE VERIFICATION**

Please Print or Type all Information Read **INSTRUCTIONS** before completing

Name - **PRINT AS IT APPEARS ON YOUR CERTIFICATE**

Mailing Address – Street address or PO Box (**Do not leave blank**)

(City) (County) (State) (Zip Code)

(Home Phone) (Work Phone ) (Cell Phone) (Fax)

Email

Business/Organization Name/ Employer

Title

**YOUR CASp CERTIFICATION IDENTIFICATION NUMBER:**

CERTIFICATE NUMBER and/or COURSE SPONSOR	Date Completed			COURSE UNITS	DSA Use Only	COURSE TITLE
	Mo.	Day	Yr.			

**(COMPLETE USING PAGE 2, and ADDITIONAL SHEETS IF NECESSARY)**

**CERTIFICATION**

I certify under penalty of perjury that I have taken and completed the courses listed above and will furnish to the Department of General Services, Division of the State Architect, upon request, evidence of having taken any or all of the courses listed.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE SIGNED

FOR DSA OFFICE USE ONLY	
CEUs: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Equivalency Pet: <input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Extension Req: <input type="checkbox"/> Granted <input type="checkbox"/> Denied Initial: _____	<b>RENEWAL STATUS</b> <input type="checkbox"/> ON TIME <input type="checkbox"/> LATE DSA Received Date: _____

