

Reinstatement form

Please Print All Information **CLEARLY**

Please understand that if your submission is not clear or properly submitted with the correct paperwork and fees, it may be rejected, and additional fees may incur.

Name _____

ASPT Membership Number (MANDATORY) _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Email Address _____ (print)

Please note we must have an email on file so we may communicate more effectively

1. I am submitting a CEU quiz _____

Plus, Reinstatement Fees

Check or Money Order # _____ Amount \$ _____

Debit/Credit Card # _____ Exp _____ 3 digit security _____ Zip code _____

Please note there is a \$6.00 debit/credit card processing fee

Any credit card dispute will cost an extra \$25.00 – No exceptions.

Any returned checks will not be processed. Return check fees will apply

Signed _____

If a CEU quiz needs to be mailed out, then the member must pay \$15.00 extra. No exceptions.

Please call us if you have any questions on reinstatement 828-327-3000 or 843-970-8150 or 803-854-9530

Mail your CEU quiz answer sheet, proof of purchase for quiz, Reinstatement form, and Reinstatement Fees to:

**ASPT
P.O. Box 1831
Hickory, NC 28603**

Allow 2- 3 weeks to process card and seal

Please place some type of tracking on your mail and please DO NOT CALL/FAX to either office with recertification documentation unless instructed to do so. Thank you