

MEMBERSHIP APPLICATION INFORMATION

Thank you for your interest in membership in the Aging Life Care Association. If you have any questions about the membership application or categories listed below, please contact Member Services at membership@aginglifecare.org.

CATEGORIES OF MEMBERSHIP

ADVANCED PROFESSIONAL MEMBER — Includes those voting members 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 — Includes those non-voting members 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 Diploma in Nursing; 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 — Includes those non-voting members 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 Diploma in Nursing 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 — A non-voting member who is 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

CHAPTER MEMBERSHIP

Chapter membership is included in your annual dues. You will automatically be assigned to an ALCA Regional Chapter, based on your business address (Chapters listed on Instruction page).

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. Please list additional chapters here:_____.

RIGHTS & DUTIES OF MEMBERS

ALCA Bylaws state that all members have equal rights and duties except that only members in the Advanced Professional category shall have the right to vote and hold elected office.

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.

Send your 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

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

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

Total Enclosed (Dues + \$25 application fee): _____

Payment: Check enclosed VISA/MC/AMEX # _____ Exp. _____

Cardholder's Name (please print)

Signature

How did you hear about us?

- Member-get-a-Member Program / Referred by ALCA Member _____
- Student-get-a-Student Program / Referred by ALCA Student Member _____
- Internet Employer Colleague _____ Conference Other _____