



1. What is motivating you to seek reinstatement of your CHW or CHW/CRS certification at this time?

2. What has changed in your life, making the maintenance of the CHW or CHW/CRS certification more achievable at this time?

Thank you!

Your signature \_\_\_\_\_

Printed name \_\_\_\_\_

Please mail this application and submit a fee of \$100.00 (money order only, made out to ASPIN) for administration. Once application and fee are received and processed, you will be contacted by the CHW Program Coordinator via email regarding next steps and timeline.

ASPIN  
CHW Program Coordinator  
8440 Woodfield Crossing Blvd.  
Suite 460  
Indianapolis, IN 46240

FAX: 317-735-0019