

**Directions** Please complete all fields and sign page two before submitting your application.

## **Contact Information**

Name:

Address:

City, State, ZIP:

Email Address:

Phone Number:

Organization Name:

## **Experience Requirement**

I have at least two years of experience with a Life Affirming Ministry.

☐ YES ☐ NO

## **LOVE Approach Training Requirement**

I have met the training requirement by completing:

- ☐ Training led by my center. ☐ Training led by Heartbeat staff member or consultant.
- ☐ LOVE Approach Online training. ☐ Other approved training.

Please provide additional details, including approximate date of completion, instructor, etc. If "other" was selected, please describe in detail.

## **Continuing Education Requirement**

Please explain in detail how you have met the 14 hour hours of Heartbeat approved continuing education requirement. Include the number of hours, dates, and names of trainings for each LAS CEU certificate you have earned. These can be earned at Heartbeat International Trainings and Events including on site consultations, the Heartbeat Annual Conference, as well as online through Heartbeat Academy courses & webinars.

## **Reference**

Please provide a reference who can verify or support that you have met the *LOVE Approach* training requirement (if necessary) and the experience requirement.

Name:

Organization:

Job Title:  Relationship:

Email Address:

Phone Number:

## **Agreement**

By submitting this application I agree to the following:

I acknowledge that I have read the information explaining the LAS certification and am committed to earning the LAS certification. I understand that by earning the LAS designation, I will represent my organization as a Life-Affirming Specialist. I support Heartbeat International's Vision and Mission, and the Commitment of Care and Competence. I understand that if I use my LAS certification in a manner that does not reflect Heartbeat International's beliefs and standards I may forfeit my certification. Such forfeiture shall be at Heartbeat International's sole discretion. I understand I must keep good records of my LAS requirements to serve as proof in the event of an audit by Heartbeat International. I am in truthful standing of the number of contact hours I have attended, and agree to fulfilling the on-going continuing education requirements. I agree to provide record of my training in the event of an audit. I understand the LAS is renewed every two years at a rate of \$99.00.

Signature:

## **Payment Information**

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx

Name on Card:

Credit Card #:

Expiration Date:  Security Code:

Billing Address:

Heartbeat International, Inc.  
5000 Arlington Centre Boulevard, Suite 2277  
Columbus, OH 43220-2913  
614-885-7577 Phone / 614-885-8746-Fax  
[las@heartbeatinternational.org](mailto:las@heartbeatinternational.org)