

# Certified Senior Housing Professional (CSHP) Application



After completing the application in its entirety, return it with any required attachments to the Seniors Real Estate Institute at [csHP@seniorsrealestateinstitute.com](mailto:csHP@seniorsrealestateinstitute.com).

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Time Zone: \_\_\_\_\_

Email(s): \_\_\_\_\_ Website(s): \_\_\_\_\_

## **Mailing address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Billing address (if different):**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Professional Information:**

Occupation \_\_\_\_\_ How long? \_\_\_\_\_

Licenses(s) \_\_\_\_\_

Designations/Certifications/Degrees: \_\_\_\_\_

Referred by: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about Seniors Real Estate Institute - CSHP? \_\_\_\_\_

Course completion date: \_\_\_\_\_ Location: \_\_\_\_\_

Instructor: \_\_\_\_\_ Exam completion date: \_\_\_\_\_

**Office use only:** Information Verification Date: \_\_\_\_\_ By: \_\_\_\_\_

Receipt of payment: Date \_\_\_\_\_ By: \_\_\_\_\_ Method: \_\_\_\_\_

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## Disclosure Questionnaire

If you are seeking the CSHP designation, you must complete the following Disclosure Questionnaire. Attach a detailed written explanation for any "yes" answers. Note that CSHP retains the right to perform background checks.

YES NO

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Have you ever been accused or convicted of a felony?   |
| _____ | _____ | 2. Within the last ten years, have you been a defendant or respondent in any criminal action relating to your professional or business conduct, or are you currently named as a party in any such action?   |
| _____ | _____ | 3. Within the last ten years, have you been a defendant or respondent in a civil action, which includes, but is not limited to, a lawsuit, arbitration, or mediation relating to your professional or business conduct, or are you currently named as a party in any such action? |
| _____ | _____ | 4. Within the last ten years, have you had a license, permit, certificate, registration or membership denied, suspended, revoked or restricted by any governmental, regulatory, or administrative body, or has any such body censured, fined, restricted or reprimanded you?      |
| _____ | _____ | 5. Has any governmental, regulatory, or administrative body named you as a subject of an investigation or complaint?  |
| _____ | _____ | 6. Have you ever been censured, fined, reprimanded, or otherwise disciplined by any professional credentialing organization to which you did or do belong, or has such organization named you as a subject of an investigation or complaint?                                      |

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### By my signature below, I affirm that:

- My answers to questions 1-6 above are true
- All the information I provided in this application are true

- a) Permission to use the mark Certified Senior Housing Professional (CSHP)® and related marks is valid for a period of one year from the date of my CSHP designation, assuming I remain a member in good standing. If I fail to comply with requirements to renew my membership in CSHP at the end of the first year and annually thereafter, I will immediately cease use of the mark(s) and will not hold myself forth as a CSHP. CSHP may publish on its website names of certain individuals who have used the designation in an unauthorized manner.
- b) The CSHP Board of Standards ("Board") has the absolute and unrestricted right to revoke my CSHP designation, including any rights I may have to use CSHP marks, if it finds that I have failed to comply with the CSHP Code of Professional Responsibility. The Board authorizes CSHP to publish on its website names of certain individuals for whom the right to carry the CSHP designation has been revoked.
- c) In consideration of the designation granted, neither the CSHP Board of Standards, nor CSHP, its directors, officers, employees and others acting on its behalf, shall be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, except to the extent that such actions or omissions constitute willful misconduct or gross negligence, and I hereby release the CSHP Board of Standards and CSHP from any liability for such actions or omissions.
- d) I will fulfill any ongoing continuing education required by CSHP.
- e) CSHP may suspend or revoke my CSHP designation for nonpayment of enrollment or membership renewal fees, or for nonpayment of other purchases from CSHP.
- f) I will comply with all rules and requirements of CSHP. If designated as a CSHP, I will comply with all standards and requirements that CSHP may issue from time to time, including usage standards for the Certified Senior Housing Professional (CSHP)® designation and all other CSHP proprietary mark(s). I acknowledge that CSHP is not responsible for any usage standards put in place by outside entities.
- g) I understand that CSHP has authority to perform background checks.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Submit Here**

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## References

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide a minimum of three (3) personal and three (3) professional letters of reference from those whom can attest to your character and competency as it relates to serving seniors. Professional references should include current or past clients or those directly involved in a specific senior related transaction. By providing contact information, you are also authorizing the CSHP professional standards committee to randomly verify references.

### Personal References:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Letter of reference attached? Yes \_\_\_\_\_ / No \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Letter of reference attached? Yes \_\_\_\_\_ / No \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Letter of reference attached? Yes \_\_\_\_\_ / No \_\_\_\_\_

### Professional References:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Letter of reference attached? Yes \_\_\_\_\_ / No \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Letter of reference attached? Yes \_\_\_\_\_ / No \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Letter of reference attached? Yes \_\_\_\_\_ / No \_\_\_\_\_

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## Real Estate Sales Experience & Production Disclosure



Applicant name: \_\_\_\_\_

Date: \_\_\_\_\_

Applicants must show that they have closed\* a minimum of one (1) year active sales experience or ten (10) closed transactions\* prior to application being approved. CSHP® has the right to verify sales production with broker of record.

### Experience and Sales Production:

Date licensed: \_\_\_\_\_

Number of closed transactions since licensed: \_\_\_\_\_

Number of closed transactions in past 12 months: \_\_\_\_\_

Number of closed transactions in which applicant represented a senior adult client (65 or older): \_\_\_\_\_

Broker of Record: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Transaction in this context is equivalent to one sale involving one property.

\* Closed transaction is a sale which successfully closed with property changing ownership upon completion.

By signing below, I attest that the above stated information is true and correct. I agree to provide proof of reported production if requested in writing by CSHP® Board of Standards and authorize my broker of record to disclose such information to CSHP®.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Managing Broker Signature

\_\_\_\_\_  
Date

# Certified Senior Housing Professional (CSHP)® Membership Pledge



As a Certified Senior Housing Professional (CSHP)®, you are among select and rapidly growing community of professionals who serve senior adult clients with a distinct level of expertise, efficiency and compassion.

The high standards of competence and ethics demonstrated by CSHPs within their communities is an essential aspect of the designation that stands to power your business to new levels of growth. Expectations for CSHPs are high, and as such, it is essential that you agree to the following standards, while committing to a level of professionalism that continues to enhance the value of the designation.

I affirm that I am a licensed residential real estate sales associate and that my use of the CSHP credential is aligned solely with this professional focus.

I pledge to prioritize the education and empowerment of mature homeowners, always placing their interests above my own.

Recognizing the physical and emotional challenges mature homeowners face during relocation, I commit to serving as a proactive fiduciary, simplifying the process and alleviating uncertainty.

While some clients may be well-informed decision-makers, I acknowledge the importance of engaging with family, friends, attorneys, and other experts when necessary, navigating consultations with skill and sensitivity.

Understanding the pivotal role I play in facilitating life transitions, I pledge to provide access to professional resources and ensure their suitability to the best of my ability.

Acknowledging the emotional complexities inherent in certain transactions, I vow to attend to both the relational and transactional needs of all parties involved.

I dedicate myself to ongoing education on mature homeowner needs, downsizing, and relocation, staying abreast of local, regional, and national developments.

I vow to approach each mature homeowner as a unique individual, eschewing assumptions and stereotypes, and refraining from ageist language or implications.

I pledge to be an active advocate, educator, and voice within my community on issues pertaining to mature homeowner housing.

I commit to safeguarding the integrity and reputation of the Certified Senior Housing Professional and Seniors Real Estate Institute brands.

I understand that my CSHP certification is subject to annual renewal.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_