

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

Contact Information

Name on Certificate:

Mailing Address:

Email Address:

Phone Number:

Organization Name:

Organization Address:

Job Title:

LAS Expiration Date:

Continuing Education Requirement

Please explain in detail how you have met the 14 hours of 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 Annual Conference, as well as online through Heartbeat Academy courses & webinars.

Payment Information

Card Type: Visa MasterCard Discover AmEx

Name on Card:

Credit Card #:

Expiration Date:

Security Code:

Billing Address:

Commitment of Care and Competency

Please review the Commitment of Care and Competency below:

- Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
- Clients are treated with kindness, compassion and in a caring manner.
- Clients always receive honest and open answers.
- Client pregnancy tests are distributed and administered in accordance with all applicable laws.
- Client information is held in strict and absolute confidence. Releases and permissions are obtained appropriately. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
- Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
- We do not offer, recommend or refer for abortions or abortifacients, but are committed to offering accurate information about abortion procedures and risks.
- All of our advertising and communication are truthful and honest and accurately describe the services we offer.
- We provide a safe environment by screening all volunteers and staff interacting with clients.
- We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
- We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
- Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.
- All of our staff, board members, and volunteers receive appropriate training to uphold these standards.

I have read and agree to abide by the Commitment of Care & Competency.

Life Affirming Specialist 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: _____

Please mail or fax in the completed application to:

Heartbeat International, Inc.
665 E Dublin-Granville Rd, Suite 440
Columbus, OH 43229
Fax: (614)885-8746