# Fee Schedule – Courses/Accreditation

<table>
<thead>
<tr>
<th>Duplicate Course Certificates</th>
<th>#</th>
<th>Each</th>
<th>Dup. Cert. total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFSTES Course Certificate</td>
<td></td>
<td></td>
<td>$35</td>
</tr>
<tr>
<td>Course Title:</td>
<td></td>
<td></td>
<td>Date Completed:</td>
</tr>
<tr>
<td>Course Title:</td>
<td></td>
<td></td>
<td>Date Completed:</td>
</tr>
<tr>
<td>Course Title:</td>
<td></td>
<td></td>
<td>Date Completed:</td>
</tr>
<tr>
<td>FSTEP Course Certificate</td>
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</tr>
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<td>Course Title:</td>
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<tr>
<td>Course Title:</td>
<td></td>
<td></td>
<td>Date Completed:</td>
</tr>
</tbody>
</table>

List additional certificates on a separate page.

<table>
<thead>
<tr>
<th>Course Equivalency Certificates</th>
<th>#</th>
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<th>Course Eq. total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Equivalency Certificate</td>
<td></td>
<td></td>
<td>$60</td>
</tr>
<tr>
<td>SFT Course Title:</td>
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<tr>
<td>SFT Course Title:</td>
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<td></td>
<td>Date Completed:</td>
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<tr>
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<td></td>
<td>Date Completed:</td>
</tr>
</tbody>
</table>

List additional certificates on a separate page.

<table>
<thead>
<tr>
<th>PACE III Review (Peer Assessment for Course Equivalency)</th>
<th>#</th>
<th>Each</th>
<th>PACE III total</th>
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<tbody>
<tr>
<td>PACE III Review</td>
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<tr>
<td>Course Title:</td>
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<td></td>
<td>Date Completed:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ARTP/ALA Accreditation or Reaccreditation</th>
<th>Each</th>
<th>Accredit. total</th>
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</thead>
<tbody>
<tr>
<td>Application Processing</td>
<td></td>
<td>$500</td>
</tr>
<tr>
<td>Accreditation Site Review Costs (not to exceed $2,000)</td>
<td></td>
<td>$500</td>
</tr>
</tbody>
</table>

**Grand Total Submitted:**

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I, the undersigned, am the person applying for certification. I hereby certify under penalty of perjury under the laws of the State of California, that all of the statements made herein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information or documents may be cause for rejection.

Signature: ______________________________________ Date: ____________________

Full Name: ________________________________ Home/Cell Phone: __________________
Agency: ____________________________________ Agency Phone: __________________
Home Address: ______________________________ City/State/Zip: __________________
SFT ID #: ________________________________ Last 4 digits SSN #: ________________
Email: ________________________________ FDID#(for FF appl. Only): ________________


*** Fee Schedule must be signed and must include non-refundable payment. ***