



Date received by ATSS: _____

Date reviewed by Board: _____

Other: _____

Certified Trauma Treatment Specialist (CTTS) Recertification Application (Formerly CTS)

Please print legibly and print your name exactly as you would like it to appear on your CTTS certificate.

1. Name: _____

First

Middle

Last

Membership number: _____ Certification number: _____

Organization

Name: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Website: _____ Phone: _____

Email: _____

2. Online Directory. Part of your membership will include the opportunity to promote your area of expertise and your services. Would you like this information included in the online Membership Directory on our ATSS website? Yes No

3. Please include your Recertification Fee or payment receipt from Eventbrite or a Recertification Application fee of

- \$75 for Seniors/Students
- \$175 (US Funds) all others
- Please do not forget to deduct \$50 from your fee for each individual you successfully sponsored for ATSS certification and list their name/s on page 3 of the application.*

The Re-certification fee is non-refundable. Please include your fee with your original completed application and required documentation. If paying by credit card, please visit our www.atss.info website. Go to the www.atss.info/certification site and pay on line through our online vendor, Eventbrite.

4. Include a receipt or documentation of your ATSS Membership. Note: Your membership must be current to be considered eligible for re-certification.

5. Training and Continuing Education Information. (Please attach evidence of training/education attendance).

- If your certification expires within the next six months, submit 30 hours of continuing education in trauma-related training.
- If your certification expired within the last year, submit 30 hours of continuing education in trauma-related training plus an additional *5 hours for every 6 months past your re-certification date.*

Your training/education hours may include the following:

A minimum of 15 hours of continuing education attendance. A certificate of attendance or letter verifying your attendance must accompany your re-certification application for review.

- Ten (10) hours maximum of training presented by you may be applied toward the 30 hours. (A letter or brochure regarding this training can verify ten hours of training).
- An article or articles written by you may be valued at five (5) hours of training applied toward the 30 hours of training required.
- If you have sponsored a colleague's certification from ATSS, 5 hours can be counted toward re-certification. Please include the name and address of those whom you have sponsored.

6. Training/Education Documentation. Please include documentation of attendance to all the listed training including your own presentations. (Certificates of attendance and/or other valid documentation of attendance). Remember, these hours must be specific to trauma topics or related to traumatic stress issues.

Date	Training provider (organization, conference, school, etc.)	Workshop title	Hours

7. Include a copy of your current resume. No longer than 8 pages please!

8. Credit for sponsorship. If you successfully sponsored a colleague (CTTS/CTS, CTR, or CTSS) for certification, 15 hours maximum (5 per person) can be counted towards your re-certification. Please list the name/s and dates of sponsored individuals.

Name _____ Date _____ (5 hours)

Name _____ Date _____ (5 hours)

Name _____ Date _____ (5 hours)

9. Would you be willing to sponsor an applicant for ATSS certification?

10. Preparing Your Application

In order to expedite the review of our applications, we scan and e-mail the applications to our Certification Board. Please:

- Do not make two-sided copies.
- Do not use paper clips or staples.
- Do not send us duplicates (extra copies) of your application.
- Do not attach more than 8 pages of a resume or vitae
- Do not attach any documentation that is not requested in the application.
- You may scan the entire document and send the entire document as an attachment to an email. However, do not send us emails with each page as a separate attachment.
- Make sure your ATSS membership is current!

10. Send your application with all documentation and proof of payment of fee/s to:

Association of Traumatic Stress Specialists (ATSS)
 5000 Old Buncombe Road, Suite 27-11, Greenville, South Carolina 29617, USA.

admin@atss.info ♦ www.atss.info

Jayne Crisp, CTS, Administrator

CTTS.9.10.15