



Date received by ATSS: \_\_\_\_\_

Date reviewed by Board: \_\_\_\_\_

Board member: \_\_\_\_\_

Other: \_\_\_\_\_

## Certified Trauma **Treatment** Specialist (CTTS) Recertification Application

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

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

First

Middle

Last

Membership number: \_\_\_\_\_ Certification number: \_\_\_\_\_

Organization

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**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

**Payment of Re-certification fee.** You may pay your certification fee online on our ATSS website:

<http://www.ATSS.info/certification> or by check. If paying by check, please include payment in US Funds only with the completed application and required documentation. Please attach a copy of the payment receipt. \$175 Re-certification fee (non-refundable) or \$75 for seniors and students.

***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 the following page.***

Include your online email payment receipt or membership letter as documentation of your ATSS Membership.

Note: Your membership must be current to be considered eligible for re-certification.

**IMPORTANT!!!**

**Training and Education Requirements.** If your certification expires within the next six months, submit a total 30 hours of continuing education in trauma-related training or 15 documented hours of education; and the equivalent in experience, training presentations; articles written by you; and/or sponsorship credits. (See 1-5 below).

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.

1. A minimum of **15 hours of continuing education** must be documented. A certificate of attendance or letter verifying your attendance must accompany your re-certification application for review.
2. Up to 10 hours of **experience** doing the work in trauma services can be used as part of the 30 hour educational requirement.
3. 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
4. **Articles** written by you relating to traumatic stress services, response, and or treatment may be counted toward a maximum of 5 hours continuing education.
5. **Credit for sponsorship.** If you successfully sponsored a colleague (CTTS, 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)**

Include a copy of your current resume. **No longer than 6 pages please!**

Would you be willing to sponsor an applicant for ATSS certification? \_\_\_\_\_



## Preparing Your Application

In order to expedite the review of our applications, please review the following guidelines. Your application will be returned to you if the application is not in compliance with the following guidelines.

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 6 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!

Send your application with all documentation and proof of payment of membership and certification fee/s to:

Association of Traumatic Stress Specialists (ATSS)

5000 Old Buncombe Road, Suite 27-11, Greenville, South Carolina 29617, USA.

Email to: [admin@atss.info](mailto:admin@atss.info) ♦ [www.atss.info](http://www.atss.info)

Jayne Crisp, CTTS, Administrator