



**Association of Traumatic Stress Specialists
Certified Trauma Responder
(CTR)
Application for Re-Certification**

1. Basic Information

Please print legibly or type your name as you would like it to appear on your certificate.

Name: _____
 First Middle Last Credentials

Membership Number: _____ Certification Number: _____

Address: _____ City: _____

State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ E-Mail: _____

II. If your certification has expired for 1 year or expires within the next 6 months, a minimum of 30 clock hours of trauma-related training is needed for the CTR re-certification. These hours can be obtained through the following:

- a) A minimum of 15 hours of attendance must be in continuing education. A certificate of attendance or letter verifying your attendance must accompany your re-certification application for review. Remember, these hours must be specific to trauma issues.
- b) Up to 10 hours of experience doing the work can be used as part of the 30 hour requirement. For example, a CISM Team Leader can verify that you have completed at least 10 hours of critical incident response work. A letter from your Team Leader/Coordinator/Board member must be included with this renewal application stating that you have completed at least 10 hours of response work.
- c) 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
- d) 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.

PLEASE NOTE:

YOU MUST INCLUDE A COPY OF WORKSHOP, SEMINAR, AND TRAINING HOURS COMPLETION FORMS WITH THE FOLLOWING DOCUMENTATION FORM. APPLICATIONS SUBMITTED WITHOUT THE DOCUMENTATION WILL NOT BE PROCESSED UNTIL DOCUMENTATION IS RECEIVING AT ATSS HEADQUARTERS.

Date	Conference/Organization	Workshop Title	Hours

III. Documentation.

Please include documentation of attendance to all the above-named workshops including your own presentations

IV. Copy of Resume

V. Credit for Sponsorship

If you sponsored a colleague (CTR) for certification, 5 hours can be counted towards your re-certification (maximum of 3 individuals). Please list their name(s) and dates sponsored.

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

VI. Re-certification fee (Non-refundable).

Please include \$100.00 if you are a salaried employee of a team or \$50.00 if you are a volunteer (US Funds) with the original and one copy of the completed application and required documentation and send to:

ATSS Certification c/o MHANJ 88 Pompton Ave, Verona, NJ 07044

Check # _____ Amount \$ _____ .00

Credit Card Information :

Visa Mastercard American Express Paypal

Card Number: _____ Expiration Date _____

CSC # _____

For MasterCard or Visa, it's the last three digits in the signature area on the back of your card. For American Express, it's the four digits on the front of the card.

Signature: _____ Date: _____