



For internal use only

Date received by ATSS:

Date sent to Board:

Board Member:

Date of review response:

Certified Trauma **Services** Specialist (CTSS)

Re-Certification Application

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

Contact information: _____

First

Middle

Last

Membership number: _____ Certification number: _____

Preferred address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Website: _____

Preferred e-mail: _____

Additional e-mail: _____

Preferred phone: Mobile/Home/Business? _____

Additional phone #: _____

Indicate: Mobile/Home/ or Business?

Instructions

1. **Online directory information:** Part of your membership will include the opportunity to promote your area of expertise and your services. Would you like the information provided on the previous page included in the online Membership Directory on our ATSS website? Yes No *If “yes”, please check the box next to the information on the previous page, that you would like included in the online directory.*

2. **Current ATSS membership documentation.** Please attach a copy of payment receipt or Membership Letter. You may pay online at: www.atss.info/membership

3. **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.

4. **Copy of Current Resume** (Limit to 6 pages maximum).

5. **Training and Education Information –**
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.* **(On line and/or in person training is acceptable)**
 - 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.
 - b) Up to 10 hours of experience doing the work in trauma services can be used as part of the 30 hour requirement.
 - 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) Articles written by you relating to traumatic stress services, response, and or treatment may be counted toward a maximum of 5 hours continuing education.
 - e) If you have sponsored a colleague’s ATSS certification application, 5 hours can be counted toward re-certification. Please include the name and address of those whom you have sponsored. Please list their name/s and dates sponsored. (Maximum of 15 hours).

| | | |
|------------|------------|-----------|
| Name _____ | Date _____ | (5 hours) |
| Name _____ | Date _____ | (5 hours) |
| Name _____ | Date _____ | (5 hours) |

Documentation of Training and Education

Please include documentation of attendance to all the listed training including your own presentations. Include certificates of attendance and/or other valid documentation of attendance. *We do not accept registration forms.* Remember, these hours must be **specific** to trauma topics or related to traumatic stress issues. *If you do not have a certificate of attendance, you may enclose an email or letter from the training provider verifying your attendance.*

| Date | Training provider (organization, conference, school, etc.) | Workshop title | Hours |
|------|--|----------------|-------|
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IMPORTANT! Do not forget to attach documentation of attendance to each training listed above! We will not review your application without this documentation.

Preparing Your Application

PLEASE READ CAREFULLY! Your application will be returned to you if these guidelines are not followed!

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 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 as a PDF and send the entire document as an attachment to an e-mail. However, do not send us e-mails with each page as a separate attachment.
- Attach documentation of membership and payment for your recertification.

Please mail or scan your application 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, CTTS, Administrator