



Application for Initial Membership

Registered Reflexology Therapist (RRT)

Atlantic Canada Association of Reflexology Therapists

Membership Eligibility

Applicants for Registered Reflexology Therapist (RRT) membership must meet the following requirements:

- Be a graduate of an ACART approved training program or have successfully completed approved competency examination requirements
- Provide proof of valid Standard First Aid and CPR certification
- Provide proof of Professional Liability Insurance
- Provide results of Canadian Criminal Record Check*
- Maintain twenty (20) Continuing Education Units (CEUs) on a two-year cycle based on year of admission
- Pay all membership dues and fees as required

*Canadian criminal record check (Canadian Police Information Centre Criminal Record Synopsis – CPIC check). CPIC checks must be requested under original and all other surnames. The CPIC check must have been conducted no more than six months before the date of registration.

If the CPIC check indicates a criminal finding, applicants must submit a detailed explanation of the circumstances that led to the criminal finding. This will be reviewed by the Board of Directors.

Home Address	
First Name: _____	Last Name: _____
Street Address: _____	
City: _____	Province: _____ Postal Code: _____
Home Phone: _____	Cell Phone: _____
E-mail: _____	
Business/Employment Address	
Business Name: _____	
Street Address: _____	
City: _____	Province: _____ Postal Code: _____
Work Phone: _____	Fax: _____
E-mail: _____	
Website: _____	

Referral Service: ACART maintains an online referral directory of active RRT members in good standing. This referral directory can be found at www.acart.org. Please check the appropriate box to indicate which information you would like to have included in the online referral directory:

- Home information as indicated above
 Business/employment information as indicated above
 Both home and business/employment information
 Please do not include me on the map

Professional Liability Insurance

Professional liability insurance is **mandatory** for all active RRT members. Application packages are available on the ACART website (www.acart.org) from two insurance companies – Lackner McLennan and Preventative Health Services. Please include a copy of your current professional liability certificate with your application.

Membership dues and fees are outlined below. Methods of payment include cheque, money order and e-mail transfer. **The e-mail for transfer is treasurer@acart.org Please make cheque and/or money order payable to ACART. Submit payment only when you have received notification of acceptance for membership.**

Initial Membership Fees	Write in amounts below	
Registered Reflexology Therapist (RRT) before June 30 th	\$120.00	
Registered Reflexology Therapist (RRT) after June 30 th prorated to years end@	\$10/m	
Application Fee	\$25.00	\$25.00

TOTAL PAYMENT \$ _____

Application Check-List

Please include **copies** of the following documents along with your completed application form and payment:

- Certificate of completion from an ACART approved school (or approved competency examination)
- Standard First Aid and CPR certificate
- Professional Liability Certificate
- Criminal Record Check results

Agreement

I certify the information provided on this form is true and complete and that I meet the requirements for membership with ACART.

I understand that I must notify the ACART office within fourteen days of any change of location of practice, business name of practice, business telephone number, e-mail address, or principal residence in writing.

ACART provides information about its members (including contact information and membership status) to insurance companies for the purpose of establishing and maintaining third party billing services performed by ACART members. I hereby consent to this disclosure of information for such purposes.

I hereby certify that I have read, understood, and confirm compliance with Standards of Practice, Codes of Ethics and Conduct, and Bylaws adopted by the Atlantic Canada Association of Reflexology Therapists.

Signature: _____ Date: _____

Please return completed application and supporting documents to:
 Joanne Clouston, Membership Administrator, PO Box 371, Mahone Bay, NS, B0J 2E0

Print this form

Submit by email