



American Therapeutic Recreation Association

founded in 1984

CEU Repository Application

Personal Information

Name _____ ATRA # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

NCTRC Information

NCTRC # _____

Next Recertification Date: *Month:* May November

Year: 2006 2007 2008 2009 2010 2011 2012

Agreement

By signing up for the ATRA CEU Repository, I understand that:

1. I must remain an ATRA member in good standing. If I drop my ATRA membership, I must pay a reinstatement fee equal to the years of membership I dropped, plus the current year's membership in order to receive my transcripts.
2. It is my responsibility to update my personal information with ATRA. I will not hold ATRA responsible for untimely receipt of CEU information if I fail to keep ATRA informed of my correct address.
3. I must pay the Annual CEU Maintenance fee for which I will be billed annually.
4. In order for ATRA to track my CEUs, I must purchase a transcript at the conference I am attending.
5. The ATRA CEU Repository tracks ATRA conferences and CEUs provided by ATRA to other workshops. I am responsible for non-ATRA CEU workshops.
6. Transcripts will be sent out around September 15 for November 1 recertification or March 15 for May 1 recertification.
7. ATRA will provide an annual update on the number of CEUs I received during that year.

Signature _____ Date _____

For Office Use Only

Certification Cycle

Membership Status

Repository Fee Paid

Database Entry