



Application for Initial Membership

Registered Reflexology Therapist (RRT)

Nova Scotia Association of Reflexology Practitioners

Membership Eligibility

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

- Be a graduate of an NSARP approved 300-hour curriculum 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. It may be obtained from your local or regional police station, or online at www.csiscreening.com.

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

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

- | | |
|---|---|
| <input type="checkbox"/> Home information as indicated above | <input type="checkbox"/> Business/employment information as indicated above |
| <input type="checkbox"/> Both home <u>and</u> business/employment information | <input type="checkbox"/> Please <u>do not</u> include me on the map |

Professional Liability Insurance

Professional liability insurance is **mandatory** for all active RRT members. Application packages are available on the NSARP website (www.nsap.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

Membership dues and fees are outlined below. Methods of payment include cheque, money order and PayPal. **There is a service fee for PayPal transactions through NSARP's website.** This fee is automatically added during the check-out process.

| Initial Membership Fees | Write in amounts below | |
|---|------------------------|----------------|
| Registered Reflexology Therapist (RRT) before June 30 th | \$75.00 | |
| Registered Reflexology Therapist (RRT) after June 30 th | \$37.50 | |
| 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 300-hour training program (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 NSARP.

I understand that I must notify the NSARP 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.

NSARP 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 NSARP 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 Nova Scotia Association of Reflexology Practitioners.

Signature: _____

Date: _____

Please return completed application, payment, and supporting documents to:
Joanne Clouston, Membership Administrator, PO Box 371, Mahone Bay, NS, B0J 2E0
admin@nsarp.org

