



Therapy Assistant Association of Alberta

P.O Box 29004
Edmonton, AB T6H 5Z6
www.thaaa.ca

New Membership Application

For ThAAA membership year May 1, 2012 through April 30, 2013.

Name	
Mailing Address	
City	Province
Country	Postal Code
Tel. Number	*E-mail
Employer	Area of Practice
Tel. Number	Address

Please check the box that best describes your situation and provide appropriate documentation.

- College trained Therapy Assistant OR Rehabilitation Assistant in Occupational Therapy, Physical Therapy, Speech Language Pathology and/or Recreational Therapy with a diploma
Please provide a photocopy of your diploma
- On-the-job trained Therapy Assistant OR Rehabilitation Assistant in Occupational Therapy, Physical Therapy, Speech Language Pathology and/or Recreational Therapy and have 3000 hours or more accumulated over 3 years, under the direct supervision of an Occupational Therapist, Physical Therapist, Speech Language Pathologist and/or Recreational Therapist.
Please provide a letter stating above from supervising therapist or Human Resources.
- Current student in Therapy Assistant program. Anticipated graduation date _____
Please provide proof of enrollment
- Other

FOR COLLEGE TRAINED ASSISTANTS:

School _____
 Program _____
 Year of Graduation _____

MEMBERSHIP FEES:

- Certified Member \$65.00 Must have diploma or equivalent experience (3000 hours) plus demonstrate commitment to continuing competency. **Documentation Required**
- Practicing Member \$50.00 Must be employed as a therapy/rehab assistant but otherwise unable to qualify for certification
- Student Member \$20.00 Must be enrolled in a college level diploma program recognized by the Association (see website)
- Associate Member \$35.00 For those with an interest in the profession of therapy assistants.
- Out of Province Member \$25.00 For those who wish to be members, but live outside the province of Alberta

METHOD OF PAYMENT:

- Cash
- Personal Cheque
- Money Order
- Please check here if a receipt is required.

CORRESPONDENCE:

All correspondence will be via email and failure to provide an email may exclude you from updates from the Association.

DECLARATION:

I pledge to abide by the bylaws of the Association. I verify that all information and documentation has been provided and is true and correct in every aspect.

By applying for membership I provide consent to the ThAAA to collect, use, and disclose personal information as required for reasonable matters including fulfillment of statutory requirements. Examples of collection/use/disclosure include but are not limited to: workforce planning initiatives, research, submission of member data to the local affiliates, publishing lists of new and cancelled assistants, surveys, continuing education, contact information for volunteer positions, letters of good standing, and verification of education and other applicant information. I also verify that the information given and made part of the request for membership is true and correct in every aspect.

Signature: _____

Date: _____

*Please make all cheques payable to Therapy Assistant Association of Alberta

* Mail application form, payment and appropriate documentation to the address listed on this form.

*Please make a photocopy of this application for your records.

*\$20.00 surcharge for cheques returned as NSF.

FOR OFFICE USE ONLY:

- Date received _____
- Cheque Number _____
- Entered into database / contact list
- Membership Number _____
- Membership card printed
- Receipt issued
- Certificate Issued

For Certified Members Only

Belonging to a professional association that grants certification identifies you as a professional partner in Healthcare. The standards to earn and maintain your status as a Certified Member will demonstrate to your colleagues, employer and other rehab professionals that you have met strict requirements to gain certification and are dedicated to participating in professional development and actively collaborating with therapists for the optimal outcome of your clients.

Please see our website for further information regarding certification (www.thaaa.ca).

Competency Policy - Annual Competency Requirement.

Each Certified Member is expected to adhere to the following guidelines:

- A. A minimum of 10 hours of documented learning opportunities each year accumulated over 2 different education opportunities.
- B. Certified members are encouraged to set goals to develop areas of need and seek new learning opportunities each year.

Summary of Education for the Past Year:

1. _____

2. _____

Education Goals for the Upcoming Year:

1. _____

2. _____

The Therapy Assistant Association of Alberta recognizes that certain circumstances may exclude you from participating in the continuing competency program for some period of time. This may include, but is not limited to maternity/parental leave. Certified members are eligible to maintain certified status during this time. If this pertains to you please briefly describe your situation below.

I, _____ choose to participate in the certification program provided by the Therapy Assistant Association of Alberta and agree to abide by the requirements set forth to maintain certified status. I verify that I have the necessary credentials/training to be certified as a (ie. PTA, OTA, etc or combination of) _____.

I verify that all information that has been provided and is true and correct in every aspect.

Signature _____

Date _____