



## ***APPLICATION FOR MEMBERSHIP***

### ***ASSOCIATE POLARITY PRACTITIONER / REGISTERED POLARITY PRACTITIONER***

**The APTA designation of “APP,” Associate Polarity Practitioner, or “RPP,” Registered Polarity Practitioner may only be used after your application has been approved and while you continue to be a member in good standing.**

#### ***The APTA Standards for Practice and Education, Seventh Edition***

The APTA Standards for Practice is the definitive statement of the scope and content of Polarity Therapy. It clearly describes the competencies expected of practitioners, including hours of training required in each skill area. Knowledge of the Standards for Practice is the foundation of Polarity study, practice, registration and certification.

#### ***Professional Liability Insurance:***

As an Associate Polarity Practitioner or Registered Polarity Practitioner with APTA, you are eligible to receive a group rate on professional liability insurance. If you would like further information, please contact APTA.

#### **Establishing APTA Membership**

Membership in APTA is on a “Rolling Admissions” basis, a member who joins September 1, 2018 is paid through September 1, 2019. Membership in APTA is open to all wishing to join. One can establish membership in APTA by paying the required membership dues. APP Membership Dues are \$125.00, RPP Membership Dues are \$185.00.

#### **The Application Process**

##### ***Eligibility for Application***

***Applicants for Associate Polarity Practitioner must meet the following criteria:***

1. Be 18 years of age by the date of application.
2. Have completed at least 155 hours of study in an APTA approved program which fulfills training curriculum requirements for Associate Polarity Practitioner as described in the APTA Standards for Practice, within one year of application.
3. Hold credentialing in a recognized integrative therapy or healthcare profession as determined by the APTA Board of Directors or continuing studies for BCPP.

***Applicants for Registered Polarity Practitioner must meet the following criteria:***

1. Be 18 years of age by the date of application.
2. Have completed at least 675 hours of study in an APTA approved program which fulfills training curriculum requirements for Registered Polarity Practitioner as described in the APTA Standards for Practice, within one year of application.
3. Hold credentialing in a recognized integrative therapy or healthcare profession as determined by the APTA Board of Directors or continuing studies for BCPP.

Be 18 years of age by the date of application.

Have completed at least 675 hours of study in an APTA approved program which fulfill training curriculum requirements for Registered Polarity Practitioner as described in the APTA Standards for Practice, within one year of application.

4. Hold credentialing in a recognized integrative therapy or healthcare profession as determined by the APTA Board of Directors or continuing studies for BCPP.

#### ***Application Procedures:***

*Please submit the following with your application:*

- Proof of meeting the eligibility criteria as defined above including:
  - A copy of a document showing proof of age such as a driver's license
  - A copy of your Approved Training Transcript showing 155 hours for APP or 675 for RPP

#### ***APTA may request additional information to complete the application process.***

After materials are received at the APTA office, applications may take up to 30 days to complete the registration process. Upon approval, you will receive your certificate and your registration will be entered into the APTA database.

#### ***MAINTAINING STATUS***

To maintain APP or RPP status, APTA membership must be maintained continuously. It is a violation of the APTA Code of Professional Ethics to advertise or represent oneself as an APP or RPP when membership is not current.

As an APP or RPP, 15 hrs. of continuing education every 2 years is required, beginning after the first full year of APP or RPP status.

**We suggest you make a copy of this entire application and keep it for your records. Application materials will not be returned.**



AMERICAN POLARITY THERAPY ASSOCIATION

P.O. Box 10942 Parkville, MD 21234

 (336) 574-1121  [aptaoffices@polaritytherapy.org](mailto:aptaoffices@polaritytherapy.org)

## *APPLICATION*

Send this completed form and all required documentation to the APTA address shown above or email to [aptaoffices@polaritytherapy.org](mailto:aptaoffices@polaritytherapy.org)

### *1. Basic Information – Please print*

Name:

---

Also known as:

---

Preferred address:

---

City, State, and Zip:

---

Preferred Telephone:

---

Email address:

---

Business Name:

---

Date of Birth:

---

APTA member as of (year):

---

### *2. List current licenses and/or certifications you hold:*

---

---

### *3. Professional Memberships:*

---

---



### 9. Applicant Statement and Signature

I, the undersigned, hereby make voluntary Application to the American Polarity Therapy Association for \_\_\_Associate Polarity Practitioner\_\_\_Registered Polarity Practitioner status (check one that applies). I certify that the information given in this Application is true. I agree to conduct my professional behavior consistent with the standards of professional conduct established in the APTA Code of Professional Ethics. I recognize that failure to do so may result in suspension or revocation of my registration. I understand that any registration granted by APTA does not imply or grant license to practice in any state or jurisdiction.

Furthermore, I understand and agree that APTA and its affiliates assume no responsibility for my actions or activities. I practice at my own risk and hereby release APTA from any and all liability for my actions in the practice of Polarity Therapy.

Name (printed)

---

Signature

---

Date

---

### **LETTER OF ACCEPTANCE**

Name (Please print)

---

I hereby accept the designation from the American Polarity Therapy Association (APTA) of \_\_\_Associate Polarity Therapy Practitioner (APP) \_\_\_Registered Polarity Practitioner (RPP). ***Please check which designation which applies.***

By my signature below, I pledge to uphold the APTA Code of Professional Ethics.

I am aware I need to keep my APTA membership current in order to maintain my designation.

Sincerely,

Signature \_\_\_\_\_ Date\_\_\_\_\_

***I would like to receive my certificate electronically \_\_\_ or hard copy by mail \_\_\_ or both ways \_\_\_ (please indicate one)***

## ***APPLICATION CHECK LIST***

### ***Did you...?***

Read and complete the entire application?

Provide a transcript showing the number of hours of training received?

Provide a Letter of Reference?

Obtain the signature of your APTA Approved Training Manager?

Submit your statement of What Polarity Therapy means to you?

Include the appropriate application payment-please contact the office for fee if you are already an APP.

Sign Letter of Acceptance?

Indicate if you prefer an electronic or hard copy of your certificate?

Send all these materials together to:

### **APTA**

P.O. Box 10942 Parkville, MD 21234

(336) 574-1121 Fax (336) 574-1151

Please call 336-574-1121 or email [aptaoffices@polaritytherapy.org](mailto:aptaoffices@polaritytherapy.org) if you have any questions.