



AMERICAN POLARITY THERAPY ASSOCIATION

Certification Governing Council

P.O. Box 10942 Parkville, MD 21234

 (336) 574-1121  cgcoffices@polaritytherapy.org

APPLICATION FOR BOARD CERTIFICATION

This application is for the designation of Board Certified Polarity Practitioner (BCPP).

The Board-Certified Polarity Practitioner (BCPP) is an advanced-level certification that exists for those wishing to deliver accountable, professional Polarity Therapy services as active participants in the world-wide integrative health and wellness movement.

Certification as a Board-Certified Polarity Practitioner (BCPP) demonstrates to clients, employers, colleagues, and the public at large that a certified individual has met the highest standards of professional practice and have obtained objective validation of their expertise in helping clients.

Eligibility Requirement:

- Completing extensive Polarity Therapy education requirements through an APTA-approved training program of at least 675 hours;
- Completing an additional 125 hours of clinical supervision experience that is overseen by a Registered Polarity Educator (RPE) who has been a Board Certified Polarity Practitioner (BCPP) for a minimum of 2 years. Supervision is defined as a situation in which an RPE who has been a BCPP (for a minimum of 2 years) is present in person or virtually and can provide feedback;
- Agreeing to adhere to the Code of Professional Conduct for Board-Certified Polarity Practitioners and uphold the highest standards of professional conduct while providing service to others;
- Affirming no history of felony convictions;
- Successfully passing a certification exam; and,
- Committing to ongoing professional development.

To be considered for eligibility for certification and for approval to take the certification examination, please submit this application, along with a government issued photo ID which contains your signature, and official, signed education transcript(s) via postal mail or email to the Certification Operations Manager at the APTA office at least 60 calendar days prior to your desired exam date. Applications may also be made online at www.polaritytherapy.org or by email to cgcoffices@polaritytherapy.org

Mail to:

The American Polarity Therapy Association
Certification Governing Council
P.O. Box 10942
Parkville, MD 21234



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APPLICATION

Contact Information

Please complete the following applicant contact information

Name: _____

Address: _____

Email
Address: _____

Phone
Number: _____

Candidate Application Statement

All candidates must sign the following Candidate Application Statement and agree to all policies, procedures, and terms and conditions of certification in order to be eligible for certification. The statement follows.

I hereby apply for certification as a Board Certified Polarity Practitioner. I understand that my certification depends on my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I understand that the Certification Governing Council (CGC) may need to gather additional information to clarify or supplement this application and I agree to supply it. I further understand that if any information is later determined to be false, The CGC reserves the right to revoke any certification that has been granted on the basis thereof.

I hereby declare that I have never been found guilty of a felony and that I will abide by the Code of Professional Conduct for Board Certified Polarity Practitioners (BCPP).

I hereby release, discharge, and exonerate the members of the CGC and APTA, its directors, officers, members, examiners, representatives, and agents, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with, any aspect of the application process including results or any other decision that may result in a decision to not issue me a certificate.

Signature: _____ Date: _____

Candidate Confidentiality Agreement

To ensure the integrity of the certification examination, all candidates must sign the Candidate Confidentiality Agreement that follows:

I understand, acknowledge and agree:

- That the questions and answers of the exam are the exclusive and confidential property of APTA and are protected by APTA's intellectual property rights;
- That I will not disclose the exam questions or answers or discuss any of the content of the exam materials with any person, without prior written approval of APTA and the CGC;
- That I will not remove from the examination room any exam materials of any kind provided to me or any other material related to the exam, including, without limitation, any notes or calculations;
- That I will not copy or attempt to make copies (written, photocopied, or otherwise) of any exam material, including, without limitation, any exam questions or answers;
- That I will not sell, license, distribute, give away, or obtain from any other source other than APTA the exam materials, questions or answers.
- I agree that my obligations under this Agreement shall continue in effect after the examination and, if applicable, after termination of my certification, regardless of the reason or reasons for termination, and whether such termination is voluntary or involuntary.

Signature: _____ Date: _____

Payment of Application Fees

Fees: \$150 for APTA members; \$249 for non-members; both include a non-refundable **\$50 application fee.**

Indicate your payment information:

I have enclosed a check or money order for \$ _____, made payable to APTA.

I wish to pay the fee of \$ _____ to APTA by credit card.

Indicate type of credit card you wish to use for payment:

Visa MasterCard

Credit Card Number: _____

Credit Card Expiration Date: _____

Zip Code of Billing Address: _____

Name (as it appears on your creditcard): _____

Signature: _____

