



APPLICATION FOR MEMBERSHIP

STUDENT MEMBERSHIP

The APTA Student Membership is designed for students currently enrolled in an APP course of study at an APTA Approved Training Program. Verification will be made with the Approved Training Program to verify your student status.

The APTA Standards for Practice and Education, Eighth 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.

Establishing APTA Membership

Membership in APTA is on a “Rolling Admissions” basis, for example, a member who joins September 1, 2018 will have membership through September 1, 2019. Membership in APTA is open to all wishing to join. Students can establish membership by completing the application and submitting to APTA.

The Application Process

Eligibility for Application

Applicants for Student Membership must meet the following criteria:

1. Be 18 years of age by the date of application.
2. Be enrolled 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.

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

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 a welcome packet and your registration will be entered into the APTA database.

MAINTAINING STATUS

Student memberships are valid for one year at which time the requirements to become an APP should be completed. Once completion of these requirements is complete, application can be made for APP status.

Continuing education is not required for the APP Status but will begin with RPP status.

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



APPLICATION

Send this completed form and all required documentation to the APTA address shown above or email to 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:

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

3. Professional Memberships:

4. Have you ever had a certificate, license or professional credential revoked?

Yes _____ No _____

If YES, provide an explanation on a separate page.

5. APTA: Approved Training Program Manager Statement:

I attest that the individual making application for APTA membership is a current student in my Approved Training Program.

Name (printed):

Signature:

Date:

6. APTA Opportunities

Membership in APTA offers you an opportunity to volunteer your services to your association. Membership means accepting and owning community and industry responsibility. The Board of Directors invites you to indicate one or more committees in which you will serve.

Committees: Awards Finance
 Legislative Education
 Conference Research
 Communications and Marketing

Thanks for your participation. A committee chairperson will contact you shortly. In case you do not hear from the committee chair please feel free to be proactive and contact the APTA office.

7. Applicant Statement and Signature

I, the undersigned, hereby make voluntary Application to the American Polarity Therapy Association for a student membership. 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

Send all these materials together to:

APTA

318 Avenue I #17, Redondo Beach, CA 90277

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

Please call 336-574-1121 or email aptaoffices@polaritytherapy.org if you have any questions.