



**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.

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.
- \*\$45.00 surcharge for cheques returned as NSF.

**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](http://www.thaaa.ca)).

**Competency Policy - Annual Competency Requirements**

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.

**Note: We will not accept mandatory job training such as CPR or WHMIS as valid education opportunities as these are requirements of your job and not additional educational opportunities required to maintain certification.**

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.

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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 \_\_\_\_\_ (Please specify: PTA, OTA, SLPA, RTA or a combination of).

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

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