

ATRA Membership Application Form

Complete the entire application form, including page two if applying for Professional Membership. Attach all required documentation and your fee. Sign the application and return it to ATRA, PO Box 19531 Cranston PO, Calgary, AB T3M 0V4.

Name F / M (gender - please circle)

Street Address, City, Province, Postal Code - please complete in full including postal code

Home Phone

Work Phone

Fax Number

NCTRC Certification # (if applicable)

email address

Region/Chapter for Affiliation:

- Lethbridge Palliser/Medicine Hat Calgary Edmonton

Communities of Practice - please check off the Communities of Practice that you would like to be involved with, if any.

- Geriatrics Dementia Rehabilitation Mental Health & Addictions Youth & Adolescents

Membership Services:

Would you like to have your contact information included in the ATRA membership directory? (*directory is in the members' only section of the website. For Registered Professionals, name & city is included in the online registration list*) Yes No

Would you like to receive regular email updates of ATRA/TR related information (*ie: upcoming workshops, website*) Yes No
No changes, meeting notices, etc. Email will be sent to the email address listed above.

Membership Category:

Registered Professional - Fee: 300.00

Applicants for professional membership must complete the page two of this form and attach an official, original copy of university or college transcripts. Applications received without documentation will not be processed. Also, please complete:

Current Employer/Facility

Job Title

Student Member - Fee: 50.00

Applicants for student membership must be taking one or more courses towards the completion of a diploma, degree or advanced studies majoring in Therapeutic Recreation or Recreation & Leisure Studies. Applicants must provide a copy of their university or college identification card. Please note that student membership does not automatically guarantee professional membership upon graduation. Student members will be required to meet all professional membership criteria in effect at the time of application for professional membership.

Name of School, Faculty and Program

Anticipated Graduation Date

Affiliate Member - Fee: 50.00

Applicants for Affiliate Membership must be either a retired professional member or live outside of the province of Alberta.

CTRA Membership - Additional Fee: 75.00 for Professionals / 25.00 for Students

If you wish to also become a member in the Canadian Therapeutic Recreation Association, the additional fee can be added to your ATRA membership fee. We will remit the fees on your behalf and you will receive a separate membership package from CTRA. Please note, you must be an ATRA member in order to have membership in the national association.

Payment: Payment may be made by cheque or credit card. Please make cheques payable to ATRA. To charge your fees, please complete: Visa Master Card Card Number _____ Expiry Date (mm/yy)

All Applicants:

My signature verifies that all information provided on both sides of this form is accurate.

Signature

Date

Partial Year Membership: The ATRA Membership year is April 1 - March 31. New members who join after September 30 of the membership year will be charged one-half of the annual membership fee. This option is not available to renewing members.

Registered Professional Membership

(Original transcripts must be submitted with the application)

Education: Degree Diploma (at least two years)

Therapeutic Recreation Recreation/Leisure Studies

Please note: The degree or diploma must be from a nationally or internationally accredited post-secondary institution.

Degree-Transfer Affiliation Agreement: For individuals who graduate with a diploma after 2007, the diploma program must have at least one degree-transfer affiliation agreement in place with an accredited degree-granting institution.

Name of post-secondary institution where degree-transfer affiliation is in place

Name of Program

Internship/Practicum:

Applicants who have graduated after May 1, 2011 are required to demonstrate completion of a minimum of 320 hours of internship placement/practicum. A minimum of 250 hours of this placement must have a clinical component and be completed under the supervision of a recreation therapist who is registered with their provincial association. Please include the signed document "Practicum/Internship Hours Reporting Form" with your application form if you graduated after May 1, 2011. This document is available for download from the ATRA website.

Course Content Required:

ATRA Professional Membership criteria states that the applicant must have completed the following coursework: 3 Therapeutic Recreation Courses, 3 General Recreation Courses and 6 Supporting Courses from at least three of the clinically related areas. This section must be completed completely. If course titles do not match criteria listed, please attach course descriptions or course outlines for further evaluation by the ATRA Membership Review Committee.

Three Therapeutic Recreation Courses - these course titles must contain the words "Therapeutic Recreation" or "Recreation Therapy" or Recreation and/or Leisure for Special Populations. Please list three courses (course number and name) from your transcript which meet this requirement. Professional Practicum courses cannot be used to fulfill these course requirements.

1. _____ 2. _____
3. _____

Three General Recreation Courses - these course titles must contain one of the following words: recreation, leisure, play, or leadership. Please list three courses (course number and name) from your transcript which you feel best meet this requirement.

1. _____ 2. _____
3. _____

Six Supporting Courses - these must be from at least three clinically related areas. Please list six courses (course number, name and area) from your transcript which meet this requirement. Areas accepted are:

1. Psychology (*General, Abnormal, Educational, Counselling*); 2. Sociology (*Group Dynamics, Leadership, Volunteerism*);
3. Education (*Special, Physical, Early Childhood*); 4. Therapies (*Music, Art, Dance, Drama*); 5. Health (*Health Promotion, Wellness, Health Trends, Community Health, Rehabilitation*); 6. Aging (*Gerontology, Aging, Aging Disorders*); 7. Medical (*Anatomy, Biology, Physiology, Medical Terminology, Pharmacology*); 8. Research (*Statistics, Evaluation, Research Methods*)

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Attach all required documentation and return form with fees to: ATRA, PO Box 19531 Cranston PO, Calgary AB, T3M 0V4
Keep a copy of this application for your files. Please allow 4-6 weeks for membership processing.