

Professional Membership – Return to Practice Reapplication Form

credentials previously assessed by ATRA) AND have been on a leave of Absence from ATRA of over three consecutive years		
Date:	Applicant Name	:
Previous ATRA Membership Number: If you do not have this information, you can request it from support@alberta-tr.ca		
Primary Email:		Secondary Email:
Phone #:		Address:
Complete all areas, print, attach required documents and email to application@alberta-tr.ca		
☐ ATRA Membership a requirement for present employment Provide evidence in the form of a letter from your employer or other means that ATRA Professional Membership commitments and benefits are required for your present employment		
☐ Job Description Attach a copy of your current Job Description that outlines roles and responsibilities that aligns with the Competency Profile of Recreation Therapists in Alberta. You will find this profile in the <i>About</i> section of the ATRA Website.		
☐ Resume Attach a copy of your resume that outlines professional experience and roles related to therapeutic recreation, health and professional practice.		
□ Continuing Competence Evaluation Submit the ATRA Continuing Competence Form listing forty-five (45) Continuing Education Units. Find this document in the Application Process Documents page of the Applications section of the ATRA website.		
Send email to: <u>application@alberta-tr.ca</u>		

Updated November 2020