



RECERTIFICATION APPLICATION FORM

For recertification, you are required to document a minimum of 6 Continuing Education hours per year.

Recertification for (check one):

- CERTIFIED CLINICAL TRAUMA PROFESSIONAL (CCTP) _____
CERTIFIED EXPERT TRAUMA PROFESSIONAL (CETP) _____
CERTIFIED COMPASSION FATIGUE PROFESSIONAL (CCFP) _____
CERTIFIED SEX OFFENDER TREATMENT PROFESSIONAL (CSOTP) _____
CERTIFIED GAMBLING ADDICTION PROFESSIONAL (CGAP) _____
ANGER MANAGEMENT TREATMENT PROVIDER (AMTP) _____

Recertification term (check one):

- 1-year _____ \$49 6 CEs required
2-years _____ \$79 12 CEs required
3-years _____ \$99 18 CEs required

Name (as you would like it to appear on your certificate): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

IATP ENCOURAGES ELECTRONIC SUBMISSION OF PAYMENT AND DOCUMENTATION

Application for recertification must include:

1. Completed Recertification Application Form
2. Appropriate payment
3. Documentation of appropriate number of CEs

If submitting electronically:

Please find the appropriate recertification application at <http://traumapro.net/certification/>

If submitting this application and payment electronically:

Pay through our website at <http://traumapro.net/recertification-payment/>
Send documentation to registration@traumapro.net or fax to 941-359-9988

If submitting by mail:

Send Recertification Application Form and check/money order in the appropriate amount to:
IATP
Attention: Dr. Michael Dubi
5104 N. Lockwood Ridge Road, Ste 207E
Sarasota, FL 34234

By submitting this application, I understand that I must complete 6 CEs for each year of the recertification period. I agree to submit the attached Record of Continuing Education form to support completion of Continuing Education hours. IATP, LLC reserves the right to obtain documentation of continuing education at any time.

