



TRAUMA RESPONSIVE CARE CERTIFICATION APPLICATION

____ **Level 1 (BA Level or Non-Clinical Professional, includes Direct Service Professionals)**

____ **Level 2 (MA Level Clinician)**

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email address: _____

Application for the credential must be accompanied by the following:

1. Completed application form
2. Copy of college diploma or professional license to verify Level of Certification
3. Copies of your training certificates verifying successful completion of the required training modules

*Attendance at required consultation sessions (total of 12 hours) will be verified by sign-in sheets.

*Completion of Final Exam with a passing score will be verified by instructors.

In order to receive Certification, you must also register on-line as an Individual Professional Member of the Tristate Trauma Network. Certification cannot be issued

until you have a paid Individual Membership (\$80, payable on-line or by check). You can access membership via our events page: www.tristatetraumanetwork.org/events.

Send this application, requested documentation, and \$80 (if paying by check) to:

Tristate Trauma Network, 71 Cavalier Blvd. Suite 209, Florence, KY 41042.

You may also scan and send the application and supplemental documents to:

madamchik@tristatetraumanetwork.org.

Applications will be reviewed the last week of each month, and you will be notified if there are any missing pieces. Once approved, award letters and certificates will be mailed within one week of the review. Questions about the application process can be directed to Melissa Adamchik at madamchik@tristatetraumanetwork.org.

By submitting this application, I verify that the information is complete and, to the best of my knowledge, factual and true. I understand that failure to provide the required documentation may lead to delays in the processing of this application. I further understand that if any information is false or that I have misrepresented myself, I will be denied certification.

signature

date