



2023 TRAUMA-RESPONSIVE CARE CERTIFICATION APPLICATION

___ Level 1 (BA Level or Non-Clinical Professional, includes Direct Support 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 you would like to be used for communication:

Agency where you received Training and Consultation _____

Application for the credential must be accompanied by the following:

1. This completed application form
2. Copy of college diploma or professional license to verify Level of Certification (only if applying for Level 2)
3. Copy of your CEU certificates (or other documentation used) verifying successful completion of the training modules (30 hours total). *Attendance at required consultation sessions (12 hours total) will be verified by sign-in sheets.
4. All Fees including TTN Individual Professional Membership

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

Fees: The TRCC Certification fee (which includes the competency test, individual application review, certification issuance and on-going record maintenance) plus the Individual Professional Membership fee for 2023 is \$190 per person (\$100 Certification package + \$90 Membership).

****If you completed your TRCC Series with TTN's hosted cohort, you already paid for your application with your \$810 fee.***

****Please Note: In order to receive Certification, you must also register on-line as an Individual Professional Member of the Tristate Trauma Network. You can access membership via our Members page: www.tristatetraumanetwork.org/members.***

Send this application and documentation to: **Tristate Trauma Network, P.O. Box 6331, Florence, KY 41042**. You may also scan and send the application and supplemental documents to: bmccclain@tristatetraumanetwork.org. *Applications will be reviewed monthly during the last week of the month. Please allow up to 30 days to receive your Certificate once all materials are received.* Questions about the application process can be directed to Melissa Adamchik at bmccclain@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 _____

**You have the option to have your name and contact information listed on our website's Member Access page under Trauma-Responsive Care Certified Professionals. Please let us know by filling out the blanks below what information you would like listed: (if you don't want info included, please leave blank; only fill out the information you'd like included)*

Name _____

Email _____

Agency _____

Phone _____