

Therapist Certification Association
 Certification Renewal Application

Submit this completed application along with all required documentation to TCA. Failure to submit all required documentation will result in a delay of your certification. Thank you.

Section 1: Identifying Information

Complete the section below as you would like it to appear on certificates, the TCA website, etc. Please update your contact information if it has changed.

A. Personal

Legal Name		License#	
Preferred Name		Check here if this is also the name you would prefer listed on the website.	
Date of Birth			
Email Address			
Cell Phone		Other Phone	
Home Address			
City		State & Zip	

B. Professional – Primary Office

Agency/Employer Name		Website Address	
Business Address			
City		State & Zip	
Work Phone		Fax	

Section II: Expertise/Specializations

Please update your specialties and target populations:

<input type="checkbox"/> Skype or other web-based video program	<input type="checkbox"/> Couples	Languages Spoken:
<input type="checkbox"/> Inpatient	<input type="checkbox"/> Poly Partners	
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Adolescents	
<input type="checkbox"/> Individual	<input type="checkbox"/> Families	
<input type="checkbox"/> Group	<input type="checkbox"/> Forensics	
<input type="checkbox"/> Other	<input type="checkbox"/> Children	

Section III: Education

Please update your highest level of education obtained (send or upload a copy of your diploma):

<input type="checkbox"/> B.S./B.A.	<input type="checkbox"/> M.S./M.A.	<input type="checkbox"/> M.D. or D.O.	<input type="checkbox"/> PH.D. or ED.D.	<input type="checkbox"/> other
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Please identify all colleges and universities you have attended since your initial certification.		
College, University, and/or Certification Program Name	Accredited or Licensed Institution	Date Completed
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section IV:

A. Licenses

What professional licenses do you currently hold? Upload or attach copies of current licenses.

Are you currently an intern? Yes No

If Yes, are you working towards obtaining state licensure? Yes No

License	Expiration Date
Have you ever had a license suspended, revoked, or a disciplinary action? If Yes, please explain in the space provided below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Certifications

What professional certifications do you currently hold? Upload or attach copies of current certifications.

Certification	Expiration Date
Have you ever had a certification suspended, revoked, or a disciplinary action? If Yes, please explain in the space provided below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section V: Clinical Experience (optional)

Describe how you are using your TCA certification.

Section VI: Continuing Education

<input type="checkbox"/> Yes <input type="checkbox"/> No	I have completed the minimum required ten (10) hours of Continuing Education in Sexology with a TCA or other approved education provider.
Provider Name:	
Course Name and # of credits	
Provider Name:	
Course Name and # of credits	
Provider Name:	
Course Name and # of credits	

Section VII: Ethics

Have any ethical, legal, or professional proceedings; ethical hearings; or malpractice claims been brought against you? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section X: Ethics Statement

<p>1. TCA Therapists and Professionals need to have a working knowledge of the TCA Code of Ethics.</p> <p>2. Dual relationships that might impair the TCA Therapist’s or Professional’s objectivity and judgment must be avoided, i.e.: family members, friends, etc.</p> <p>3. TCA Therapists and Professionals will not engage in sexual, physical, or romantic intimacy with clients and/or associated individuals.</p> <p>4. TCA Therapists and Professionals will not engage in reparative therapy or pathologize homosexuality in the therapeutic setting.</p> <p>I have read the TCA Code of Ethics. I will abide by the requirements of TCA and the TCA Certification Program as related to applicant certification and generally accepted principles of professionalism, ethics, and practice standards. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any questions may lead to denial of my application or subsequent revocation of my certification on ethical grounds. I will abide by the current laws and rules that govern my practice. I understand that TCA reserves the right to re-classify persons who have taken the courses for certification if laws, ethical regulations, or standards for the behavioral health industry change. I understand that CST, CCS, CHSP, SAC, CTCT, CTCP, CKAT, and CKAP are designations that the practitioner has completed specialty training in the assessment and treatment of the specialty area. These designations do not qualify a person for state licensure.</p>

TCA reserves the right to modify the terms of the Code of Ethics manual at any time and will provide notice to the TCA listserv. The modifications will be effective at the time the email is sent and, by signing below, you signify your agreement on a prospective basis.

In affixing my signature to this application, I certify that all statements made herein are true to the best of my knowledge.

Signature		Date	