

Therapy Certification Training

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ETHICS VIOLATION REPORT FORM

Use this form to report a potential violation of TCA's Standards of Ethics.

Prov	ide as	much	information	25	possible to	n assist	TCA's	review.
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Certified Profe	essional's Name:		TCA ID#:			
Certified Profe	essional's DOB:		Certified Professional's Job Title:			
Certified Profe	essional's Address:					
Your relationsl	hip to Certified Profession	onal:				
Date(s) of Incid	dent(s):	Date	e of Discovery:		_	
Name and Add	dress of Facility/Location	Incident Occurred:				
Name and Pho	one Number of Contact	Person at Facility:			_	
Was the incide	ent(s) reported to anoth	er agency or law enforcem	ent? Yes No	Unsure		
If Yes: To wh	oom was it reported?		On what date was it	reported?		
Case #:		What was the outcor	me?			
documents, if a	available.	dent(s) on the following pa			,	
	MAKING REP					
Your Name: _				 		
	Last	First	M.I.			
Address:	 	 	 		_	
	Number & Street	City	State	ZIP		
Home Phone:		Work Phone:	Best Tin	Best Time to Call:		

ETHICS VIOLATION REPORT FORM

If the allegations in your report are determined to be potential violations of TCA's *Standards of Ethics*, an investigation may be opened. Please note that, although TCA accepts anonymous reports, we cannot guarantee anonymity. TCA may contact you for additional information or clarification of the circumstances noted in your report. If no contact information is provided, the ability for TCA to move forward with an investigation may be limited.

NARRATIVE OF INCIDENT	-(S)				
Please provide a legible narrative of incident(s) below (use additional paper if necessary):					
I certify that the above information is t	ue to the best of my knowledge.				
Signature	Date				
Printed Name					

REPORT SUBMISSION

To submit this report to The Therapist Certification Association (TCA), please print this document and submit your report by one of the following methods:

Mail: TCA, Attention: Ethics Requirements Department, 9620 NE 2nd Ave. Ste 207, Miami Shores, FL 33138

Fax: Attention: Ethics Requirements Department, 815-346-3476

Email: iicsphd@gmail.com

Note: This email is only used for submission of this form and not for communication about the status of ethics reviews or submission of requested information.

If you have any questions regarding this form, please contact the TCA Ethics Requirements Department at 305-891-1827.