



A.C.A.R.E.T

American Commission for Accreditation of Reflexology Education and Training
1309 Hillcrest Drive Anchorage, AK 99503 Tel. 907-278-4646
Website: www.acaret.org ~ Email: acaret@acaret.org

Educator Accreditation Renewal Application

HOW TO APPLY in 3 STEPS

Step 1: COMPLETE THIS APPLICATION

INSTRUCTION FOR FILLING OUT THIS FORM:

FIRST: SAVE this document to your computer (In the upper left corner, choose FILE, then choose SAVE AS...). Please save the file with your name, last name first, with no spaces or other punctuation (example: SmithJoe"). Make note of WHERE on your computer you are saving the document so that you find it later.

TO BEGIN: Click the 'Highlight Fields' button in the upper right hand corner of the document. This will highlight a number of 'fields' where you will be type your information directly into the document.

To enter information into a field, simply use your mouse to click inside a field. You can also use your 'Tab' key to move from one field to the next. SAVE the document each time you make changes. On completion, click the button on the last page "Go To Submission Page". You will be taken to the ACARET website for final submission.

Step 2: FAX the following supporting documentation to (727) 213-1942..

Include a cover letter with your full name, email and phone number(s):

Proof of Attendance for all continuing education and/or activities listed for Item C to be considered for credits. This can include certificates, transcripts, diplomas or appropriate documentation for a specific activity or project relevant to reflexology. Label each document in the upper right corner with your full name and the word, RENEWAL.

Step 3: MAIL personal check, money order or cashier's check for \$150 USD.

This is a non-refundable renewal fee that is valid for three years. Mail to: **ACARET Treasurer, 1791 Gless Ave, Akron, OH 44301**. Payment must be received within 2 weeks of submitting the online application. The renewal process begins only after receipt of the application fee.

Allow five (5) weeks after payment is received to be notified of the renewal application status. please notify ACARET of any changes to your contact information.

A. Contact Information

(Last Name) (First Name) (Middle Initial)

(Mailing Address) (City, State, Zip)

(Daytime Phone #) (Evening Phone #) (Fax Phone #)

(Cell Phone #) (Email Address)

Website: _____

B. ACARET Website Listing

ACARET Accredited Educators are listed on the ACARET website by State with name and address. Contact information is used from Item A of this application form. Check the additional information that you want listed on the website:

- business phone number cell phone number
- email address website address
- different address than listed in Item A:

(Address) (City) (State) (Zip)

C. Continuing Education Training: Documentation of thirty-six (36) hours of continuing education in the previous 3 years is required on the teacher renewal application.

Total hours of in-class continuing education received in the past three years: _____.

Total hours of reflexology learning experience or activity other than classroom: _____.

Continuing education is valuable to develop both personally and professionally while maintaining competence in the profession as an accredited educator. Continuing Education (CE) is defined as any planned learning experience which builds on the education gained in an initial program of training in Reflexology. This can be a learning experience which enhances or expands the knowledge and skills of the teacher.

Reflexology related subjects that may be considered for CE credits include, but are not limited to: *ethics, public speaking, seminars, national conventions, presentations, computer classes, short courses, home study, audio or video classes, authoring published articles and reflexology projects.*

All submissions for consideration of CE credits require documentation to indicate the number of hours in class or given toward a specific project. Reasonable requests will be considered for outside learning with sufficient details and documentation.

ACARET APPL-EDR/ Rev. 04//08

Continuing Education Training attended in the past three years.

Name of School			
Street Address			
City, State, Zip, Country			
School Website Address			
Name of Contact Person			
School Phone Number			
Email Address of School			
Dates Attended			
Degree/Diploma/Certificate		# of training hours	

Name of School			
Street Address			
City, State, Zip, Country			
School Website Address			
Name of Contact Person			
School Phone Number			
Email Address of School			
Dates Attended			
Degree/Diploma/Certificate		# of training hours	

Name of School			
Street Address			
City, State, Zip, Country			
School Website Address			
Name of Contact Person			
School Phone Number			
Email Address of School			
Dates Attended			
Degree/Diploma/Certificate		# of training hours	

Name of School			
Street Address			
City, State, Zip, Country			
School Website Address			
Name of Contact Person			
School Phone Number			
Email Address of School			
Dates Attended			
Degree/Diploma/Certificate		# of training hours	

C. Hours of reflexology learning experiences other than continuing education in classroom. Read item C above . Submit supporting documentation to validate the activity, project or event (ex: press release, articles, receipts, photos).

Project/ activity/ event	
Site or venue	
City, State, Country	
Hours requested for credit	
Date of activity or event	
Contact person phone #	
Documentation	
Project details:	

Project/ activity/ event	
Site or venue	
City, State, Country	
Hours requested for credit	
Date of activity or event	
Contact person phone #	
Documentation	
Project details:	

Project/ activity/ event	
Site or venue	
City, State, Country	
Hours requested for credit	
Date of activity or event	
Contact person phone #	
Documentation	
Project details:	

Project/ activity/ event	
Site or venue	
City, State, Country	
Hours requested for credit	
Date of activity or event	
Contact person phone #	
Documentation	
Project details:	

D. Reflexology Teaching Experience

In the past 3 years, how many courses have you taught? ____ How many students? ____

Are you part of a state approved school or program? Yes No

Provide information for current classes you teach or have taught in the past 3 years:

Course Title:	__ Currently __ Previously
Content/description of class:	
Name of school or venue where course is taught:	
Your position:	
Years teaching this material:	Is a class roster available?
ARCB approved for ____ CEU hours.	
Other certifying agency(s) that provides CEUs for this course:	
Course Title:	__ Currently __ Previously
Content/ description of class:	
Name of school or venue where course is taught:	
Your position:	
Years teaching this material:	Is a class roster available?
ARCB approved for ____ CEU hours.	
Other certifying agency(s) that provides CEUs for this course:	
Course Title:	__ Currently __ Previously
Content/description of class:	
Name of school or venue where course is taught:	
Your position:	
Years teaching this material:	Is a class roster available?
ARCB approved for ____ CEU hours.	
Other certifying agency(s) that provides CEUs for this course:	
Course Title:	__ Currently __ Previously
Content/description of class:	
Name of school or venue where course is taught:	
Your position:	
Years teaching this material:	Is a class roster available?
ARCB approved for ____ CEU hours.	
Other certifying agency(s) that provides CEUs for this course:	

E. Professional Memberships

Are you a member of the Reflexology Association of America (RAA)? Yes No

Are you currently a member of your state association? Yes No N/A

Are you affiliated with any other professional reflexology organization? Yes No If yes, please list them below. (i.e., state or international)

F. Personal History

Have you ever been charged with, convicted of, or plead guilty to a felony which involved a penalty? Yes No

Have you been involved in a malpractice claim? Yes No

If you answered yes to either question, please explain the circumstances:

I declare that the answers and information contained herein are true and correct to the best of my knowledge. I understand that ACARET reserves the right to conduct and complete background checks to verify information voluntarily submitted on the application for teacher accreditation. I understand and agree to respond to ACARET requests for additional information. I understand that any false information contained within this application may result in rejection, denial or revocation of my teacher accreditation. I have read and agreed to abide by the *Code of Ethics* and all policies and procedures outlined in the *Educator Accreditation Guidelines* and acknowledge that failure to do so shall constitute grounds for rejection of my application or denial or revocation of my accreditation. I understand that the information contained in the application is confidential. I attest that I have read, understand and agree to the information, policies and procedures outlined in the *Educator Accreditation Guidelines*.

Your Name

Date