

**ATRI Aquatic Therapeutic Exercise Certification
Registration Form**

Date _____

Name _____ Discipline _____

Workplace Name (needed only if we are mailing to your workplace address):

Mailing Address _____

City _____ State _____ Zip Code _____

Country _____

Home Phone _____ Work Phone _____

Email Address _____

ATRI Certification Exam Fees:

____\$255 – Online Exam ____\$255 – Test Onsite at an ATRI Event ____\$95 – Retake Fee

Renewal of ATRI Certification:

____\$29 if continuing education credits earned thru ATRI ____\$49 if continuing education not earned thru ATRI

Payment:

Check or Money Order # _____ **OR** Circle One: MasterCard VISA Discover

Credit Card Number: _____

Expiration Date: _____ 3-Digit Code on Back of Card: _____

Name as it appears on Card (Print): _____

Billing Address of Cardholder: Street: _____

City, State, Zip: _____

Cardholder's Signature: _____

Affirmation

By signing and submitting this registration form, I accept the conditions set forth by ATRI concerning the administration of this test, the reporting of the test scores and the certification process and policies.

I certify that the information contained in this registration form is true, complete and correct to the best of my knowledge and is made in good faith. I am the person listed above and I am the person who will take the exam. I further understand that if any information is later determined to be false, ATRI reserves the right to revoke the certification that has been granted on the basis hereof. I accept complete responsibility for any delay or other consequence due to my failure to properly submit a completed registration form including documentation and a valid credit card. I will not hold ATRI liable.

I further understand that ATRI certification does not in any way guarantee the quality of my work as a certified professional. I therefore agree to indemnify and hold harmless ATRI, its officers, directors, committees and staff from any claims due to negligence, omission or faulty advice that I may give to clients. I understand that ATRI is not responsible for any actions or damages from any person arising out of my work as a certified professional.

Signature: _____ Date: _____

Prerequisite. The prerequisite for this exam is 15 hours of Aquatic Therapy, Rehab and/or Aquatic Therapeutic Exercise education. It is preferable that the education is hands-on but online or correspondence courses also qualify. Please list your education hours below. You may also use this form for Certification Renewal purposes.

Date	Course Name	Provider/Provider #	No. of contact hours
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