



ALOFT

AMERICAN LEAGUE OF FUNCTIONAL THERAPISTS, LLC
APPLICATION FOR REGISTRATION AS A

REGISTERED FUNCTIONAL THERAPIST RFT™ OR

REGISTERED FUNCTIONAL THERAPY ASSOCIATE RFTA™

For Office Use Only	
License #	_____
Verified	_____
Issue Date	_____
Exp. Date	_____

Fees (Initial: \$70(1 year) or \$100.00(3 years), Renewal: \$30(1 year) or \$60(3 years), discount: _____)
 'Non-practicing' designation lifetime membership: \$50 Please Send **Online Invoice**.

Years: Three Year Membership One Year Membership Referral/Coupon: _____
Membership fees are fully refundable for 90 days.

Last Name: _____ First Name: _____ MI: _____ Maiden Name: _____

Date of Birth (mm/dd/yyyy): _____ Gender: M / F

Name and Mailing Address: This will be how your name will appear on your official certificate of registration, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests. It will not be traded or sold.

Name as it will appear on Certificate of Registration: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____ Evening Phone Number: _____

E-mail: _____ Other: _____

OT Institution of Graduation: _____, Diploma Title: _____

Address: _____

Website (optional): www._____, Dates Attended (mm/yyyy – mm/yyyy): _____ - _____

Name at graduation or other information: _____

Other Post Secondary Institutions Attended:

Institution: _____, Dates Attended (mm/yyyy – mm/yyyy): _____ - _____

Institution: _____, Dates Attended (mm/yyyy – mm/yyyy): _____ - _____

Institution: _____, Dates Attended (mm/yyyy – mm/yyyy): _____ - _____

(Please attach additional Post Secondary institutions on a separate sheet.)

Licenses / Certifications (with license numbers & state / province or designation) at least one current license is required for practicing status: _____

Are you applying for "non-practicing" designation? (**Restrictions in use apply**; license is not required for this designation.) (Circle) **Yes No**

STATEMENT OF PROFESSIONAL HISTORY: If you answer yes to any question, please refer to the instructions.

1. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? (Circle) **Yes No**

If "YES", give name of professional society or association, dates and reasons your membership was suspended or revoked on a separate signed statement.

2. Has any professional licensing or disciplinary body in any state / province, the District of Columbia, a United States possession or territory, in Canada or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? (Circle) **Yes No**

3. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state / province, the District of Columbia, a United States possession or territory, in Canada or a foreign jurisdiction? (Circle) **Yes No**

4. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state / province, the District of Columbia, a United States possession or territory, in Canada or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit. (Circle) **Yes No**
If "YES", to any of the above questions (2-4) give full details, names, addresses, etc. on separate signed statement.

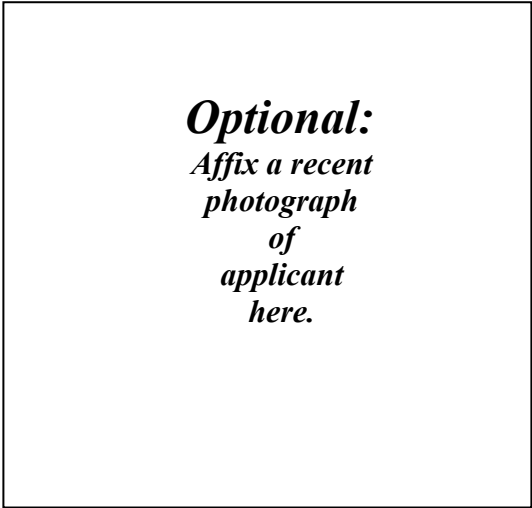
5. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of your state / province, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of your state / province? (Circle) **Yes No**
If "YES", give full details, names, addresses, etc. on separate signed statement and furnish a Certified Court copy (with court seal affixed) of the original judgment, the settlement, and/or the disposition of the case.

My Pledge: I shall endeavor to practice the craft and applied science of Functional Therapy to the best of my ability. I was trained as an Occupational Therapist and I believe in its models and methods; I think a way of popularizing it is to advance and support an alternative title. It is my desire to help my patients and the public better understand my profession; I appreciate the work of the therapists who have developed this profession and I wish to continue their legacy. As a Practicing RFT™ or RFTA™ I will maintain my status as a Licensed Occupational Therapist or OT Assistant as part of my ongoing registration and membership in the American League of Functional Therapists and I will inform ALOFT if my license status changes or I wish to change to ‘non-practicing’.

CERTIFICATION

On this _____ day of _____ of 20 ____, I swear that I am the person referred to in the foregoing application and that the photograph attached hereto is a true picture of myself and that the statements made herein are true and accurate in every respect. I am seeking registration as a member of the American League of Functional Therapists to qualify to use the title *Registered Functional Therapist RFT™* or *Registered Functional Therapy Associate RFTA™*.

PHOTOGRAPH



SIGNATURE OF APPLICANT Please print and sign.

(ALOFT reserves the right to independently verify any information related to this application; we may contact you for supporting documentation or other information while verifying your application. Inaccuracies may delay your registration or limit your ability to become a registered member of the American League of Functional Therapists, LLC.)

Applicant: There are two (2) requirements: Please return this signed application (1), and the applicable application fee (2) in the form of a check, certified funds or money order made payable to: “ALOFT” or online with secure PayPal™ invoice. Send this to:

ALOFT Admissions P.O. Box 29 Stratford, CT 06615	To expedite your application select 'Online Invoice' and fax application to: (: : :)5: ; -9; 55*VqnHgg+qt'alternate fax (203) 377-5451
Questions: RFT@functionaltherapist.org	or scan and email to Fax@FunctionalTherapist.org