



REHABILITATION HEALTHCAREER ASSOCIATION

ACADEMIC INSTITUTIONAL MEMBERSHIP APPLICATION

SCHOOL SITE INFORMATION

SCHOOL NAME: DATE:

STREET ADDRESS: FLOOR/SUITE#

CITY: State COUNTRY ZIP:

PHONE: FAX: WEBSITE:

SCHOOL DIRECTOR Last Name First Name EMAIL

SCHOOL LIAISON** Last Name First Name EMAIL

** The School Liaison will be the contact person with which RHA will correspond about student eligibility, exam orders, exam dates, etc.

Please check all programs that the school is submitting for the Academic Institutional Membership

- Physical Therapy Aide
- Physical Therapy Technician
- Occupational Therapy Aide
- Rehabilitation Therapy Assistant
- Restorative Aide
- Rehabilitation Therapy Specialist
- Strength and Conditioning Rehabilitation Specialist
- Chiropractor Assistant

DISCLAIMER AND SIGNATURE

I certify that given information is true and completed to the best of my knowledge. I understand that any false information will result in immediate disqualification from RHA membership

School Director's Signature: Date:

School Liaison's Signature: Date:

CHECK LIST: PLEASE INCLUDE ALL THE DOCUMENTS ENLISTED BELOW

- School Catalog
- School Brochure
- Copy of School's State/Board of Education Approval(s)
- RHA Application Completed in Full

FOR RHA ADMINISTRATION USE ONLY

Date Received	Date Processed	Approval Date	Deferral Date	School Code