



REHABILITATION HEALTHCAREER ASSOCIATION

ACADEMIC INSTITUTIONAL MEMBERSHIP APPLICATION

SCHOOL SITE INFORMATION

SCHOOL NAME:	<input type="text"/>	DATE:	<input type="text"/>
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STREET ADDRESS:	<input type="text"/>	FLOOR/SUITE#	<input type="text"/>
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CITY:	<input type="text"/>	State	<input type="text"/>	COUNTRY	<input type="text"/>	ZIP:	<input type="text"/>
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PHONE:	<input type="text"/>	FAX:	<input type="text"/>	WEBSITE:	<input type="text"/>
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SCHOOL DIRECTOR	Last Name	<input type="text"/>	First Name	<input type="text"/>	EMAIL	<input type="text"/>
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SCHOOL LIAISON**	Last Name	<input type="text"/>	First Name	<input type="text"/>	EMAIL	<input type="text"/>
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** 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:	<input type="text"/>	Date:	<input type="text"/>
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School Liaison's Signature:	<input type="text"/>	Date:	<input type="text"/>
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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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>