



MEMBERSHIP APPLICATION

The National Association of Therapeutic Schools and Programs Association of Therapeutic Schools and Programs (NATSAP) is not an accrediting or licensing body. It is an association of therapeutic schools and programs desiring to

1. operate with a high level of ethical business practice,
2. protect the dignity of their clients,
3. offer a safe environment,
4. provide quality care,
5. support ethical guidelines, and
6. follow professional standards.

Membership Application herein is voluntary on the part of the applicant and is designed to offer membership on varied levels for eligible programs and schools desiring to become part of the Association. No guarantees of membership or membership levels are implied by this application.

Upon completion of the application, as noted above, the Membership Committee of NATSAP will review all submitted information and will make a recommendation to the NATSAP Board of Directors related to the awarding or denial of membership and will, upon a program or school's acceptance into membership, note the category of membership per NATSAP membership criteria. Directory information is posted to the NATSAP website, upon acceptance, year round.

All applications and related documents must be signed by the Chief Executive Officer and must include all items from the checklist on Page 2. Any items missing will result in significant delays in the review process.

NATSAP reserves the right to refuse membership for any reason including, but not limited to, any past/pending or future legal action taken against any organization affiliated with or applying for membership. It is the responsibility of the organization requesting membership to alert NATSAP of any pending legal issues that may impact the decision for membership.

INTERNATIONAL PROGRAMS

International program/school(s) must submit a letter of reference from a NATSAP member program representative in good standing.

CHECKLIST OF ITEMS THAT MUST ACCOMPANY YOUR APPLICATION

- Complete, signed application – *must be signed by your Chief Executive Officer*

IMPORTANT! Copies of all licenses and/or certifications MUST accompany your application.

Effective May 1, 2007 all programs applying for membership in NATSAP must be licensed (educational accreditation is not accepted as licensure) by the appropriate state agency authorized to set and oversee standards of therapeutic and/or behavioral healthcare for youth and adolescents or accredited by a nationally recognized behavioral health accreditation agency.

The four accrediting agencies we recognize are:

- *Joint Commission*
- *COA*
- *CARF*
- *NIPSA - Therapeutic*

- Directory Page Template
- Emailed Word or text document of Program Information portion of the Directory Page Template (Email to info@natsap.org)
- Your mission statement, and / or a statement of major goals and objectives.
- Payment of projected dues. NOTE: If you are submitting your application after January 31st your dues will be pro-rated from the 1st of the month following the date of submission to December 31st. Contact the NATSAP office for assistance before submitting your application and dues.

REQUIREMENTS FOR MEMBERSHIP

Name of Program: _____ is applying for (*check one*):

Full Membership

Programs/Schools applying for full membership must be open for 2 years or more and must

- be licensed by the appropriate state agency authorized to set and oversee standards of **therapeutic and/or behavioral healthcare** for youth and adolescents or accredited by one or more of the following: **JCAHO COA, CARF, NIPSA – Therapeutic**
- have therapeutic services with oversight by a qualified clinician
- aspire to the NATSAP Ethical Principles and Principles of Good Practice

Associate Membership

Program/Schools applying for associate membership must be open less than two years and must

- be licensed by the appropriate state agency authorized to set and oversee standards of **therapeutic and/or behavioral healthcare** for youth and adolescents or accredited by one or more of the following: **JCAHO COA, CARF, NIPSA – Therapeutic**
- have therapeutic services with oversight by a qualified clinician
- aspire to the NATSAP Ethical Principles and Principles of Good Practice

Young Adult Affiliate Membership

Program/Schools that are exclusively designed to work with young adults aged 18 and older:

- unlicensed or non-accredited programs serving an adult population of 18 and older
- therapeutic services implemented by a state-licensed mental health provider
- must aspire to NATSAP Ethical Principles and NATSAP Principles of Good Practice.

Print Name of Program/School

is applying for (*check one*) Full Associate Young Adult Affiliate membership

membership in the National Association of Therapeutic Schools and Programs (NATSAP).

I, _____, confirm that our Program/School supports the Mission,
Print Name

Vision, Ethical Principles, Principles of Good Practice, and Behavior Management Guidelines and that our Program/School

meets the requirements for (*check one*) Full Associate Young Adult Affiliate membership in the National

Association of Therapeutic Schools and Programs (NATSAP).

Signature

Date

RETURN MEMBERSHIP APPLICATION PACKET TO:

NATSAP
Cliff Brownstein, Executive Director
5272 River Road, Suite 600
Bethesda, MD 20816

Tel: (301) 986-8770 Fax: (301) 986-8772

Email: info@natsap.org website: www.natsap.org

MEMBERSHIP APPLICATION INFORMATION

Application Date: _____

Full Name of School or Program _____

Type of Program *(select only one program type; if multiple, select the primary program type)*

Boarding School	Small Residential Program
Type (if applicable)	Specialty Psychiatric & Behavioral Hospital
Emotional Growth	Transitional Independent Living Program
Specialized	Wilderness Program
Therapeutic	Young Adult Program
Outdoor Therapeutic Program	Wilderness Program
Residential Treatment Center	Young Adult Program
Eating Disorder (if specialty)	

Other, please explain _____

Disclosure of Ownership (identify individuals with ownership in a corporation or LLC):

Financial Affiliations (investment firms, etc): _____

Chief Executive Officer: _____

Year Founded: _____ Date of 1st program participant enrollment: _____

Address: _____

Telephone: _____ Fax Number: _____

Email: _____ Website: _____

(Above information is as it should appear in the NATSAP Directory and on the NATSAP website)

NATSAP Office Use Only

Date Received _____ Date Approved _____ Full Associate Young Adult Affiliate

Acceptance Letter Sent _____ Certificate Sent _____

DB Entry _____ Posted on website directory _____

Program / School Information

Program Administrator: _____

Telephone Number: _____ Email Address: _____

Admissions Director: _____

Telephone Number: _____ Email Address: _____

Clinician providing oversight of therapeutic services: _____

Qualifications: _____

Telephone Number: _____ Email Address: _____

What is the length of stay for the average student? _____

What is your ideal enrollment size? _____

What is your current enrollment size? _____

Is your program (please check):
Coed
Boys & Girls In Single Gender Groups
Boys Only
Girls Only

What is the age range of the participants your program serves? _____

What accredited academic grade levels are available? _____

Are you a college preparatory school? Yes No

Are you approved by the U.S. Immigration and Naturalization Service to accept foreign students (SEVIS)?

Yes No

What was your Average Daily Census in the last calendar year? _____

What was the total number of program participants served in the last calendar year? _____

Program / School Contact Information

Contact Person for payment of dues: _____

Telephone Number: _____

Email Address: _____

Contact Person for changes to Directory page: _____

Telephone Number: _____

Email Address: _____

Contact Person for the information regarding the following information for / from our committees:

Education: _____

Telephone Number: _____

Email Address: _____

Member Services: _____

Telephone Number: _____

Email Address: _____

Public Policy: _____

Telephone Number: _____

Email Address: _____

Public Relations: _____

Telephone Number: _____

Email Address: _____

Affiliations

Is your program a member of any regional or national professional organization or association?

Yes No

If 'Yes', please list which ones (**please do not use acronyms**):

Enrollment Information and Procedure

Please briefly describe your admission policies and procedures:

Please include names of any tests administered prior to admission or thereafter:

Facilities

Describe briefly, or show a map of, plant and facilities owned by or available to your program:

Do your facilities meet all applicable health, fire, and safety standards?

Yes No

If 'No,' please explain:

Personnel

What procedures do you follow to check the backgrounds of new employees? _____

Please briefly describe how you provide for the professional growth and continuing education of faculty and staff:

Program Licensing /Accreditation Information

Licensing/Accreditation Information:

Provide your licensing and/or accreditation information (i.e. the name of the appropriate state licensing agency authorized to set and oversee standards of therapeutic and/or behavioral healthcare and/or a mental health accreditation agency).

Does the accrediting or licensing agency conduct a site visit?

Yes No

If yes, how often is the site visit held? _____

Has your accreditation, licensure, or approval ever been revoked under your program's current name or any other name?

Yes No

If 'Yes', please list which ones:

Has your program (or parties affiliated with the ownership) had any past sanctions, licensure/accreditation revocation or criminal conviction? Yes No

If 'Yes', please list which ones:

Academic Accreditation / Licensure: Is your program accredited or licensed by any academic agency?

Yes No

If yes, by whom (please do not use acronyms):

Program Psychotherapy Information

Clinical Oversight: Please provide the credentials and licensing information for the clinician who has oversight of your therapeutic services (please do not use acronyms) : _____

In what state is he or she licensed? _____

Communication: How often and by what means do the *therapists* communicate with residential life staff and faculty? _____

How often does the therapist communicate with the family? _____

Individual Psychotherapy Services

Do you offer individual psychotherapy? Yes No

If yes, how many hours per week do students participate in individual psychotherapy? _____

Group Psychotherapy Services

Do you offer group psychotherapy? Yes No

If yes, how many hours per week do students participate in group psychotherapy? _____

Family Psychotherapy Services

Do you offer family psychotherapy? Yes No

If yes, how many hours per week do students participate in family psychotherapy? _____

Additional Comments

Please add any additional comments or exhibits that you feel would be helpful in describing the services you provide

Signed: _____ Date _____

Name (Print) _____

Official Position: _____



NATSAP

October 1, 2011 – June 30, 2012

Dues Invoice

**PAYMENT MUST BE RECEIVED BY October 1, 2011
TO BE PUBLISHED IN THE ONLINE DIRECTORY**

Date: _____ Program Name: _____

Address: _____

NATSAP dues are based on a two-tiered structure that includes a Program Fee and a Census Fee. The Board reviews the annual fee amounts annually and any changes are approved as part of the budgeting process.

The Program Fee is set at \$1,180.00 per program. The Census Fee is set at \$24.50 per student based on the program's entire Average Daily Census (ADC) up to a maximum of 130 Average Daily Census (ADC). Programs with 10 or less students do not pay a census fee.

Average Daily Census Calculation

To calculate your dues you need to first determine the last calendar year ADC. Adding the total number of service days provided for all clients in a calendar year and dividing that number by 365 derives ADC. A service day is considered to be all or any portion of a 24-hour period in which you provide service to one client.

Calculate and complete the form below and mail or fax a completed copy with your payment and other required information to the NATSAP Office.

<u>INVOICE CALCULATION</u>	
Total Clients Served in 2010 year _____	
Base Fee: \$1,180.00	\$ _____
ADC # (for 2010)	_____
Census Fee: (if ADC is 10 or less)	- 0 -
Census Fee: (if ADC is greater than 10) ADC# (130 max.) x \$24.50	\$ _____
Contribution to 2011 Advocacy Fund	\$ _____
Total Invoice*	\$ _____
_____	_____
Signature	Date

PAYMENT:

Check is enclosed Check number _____

Credit Card

Credit Card Type: Amex Visa MC

Credit Card Number: _____

Exp. Date: _____

Card Verification #: _____

✓ Please fax your payment to **(301) 986-8772**

✓ **Or make check payable to: NATSAP**
MAIL TO: 5272 River Road, Suite 600
Bethesda, MD 20816

Program License/Accreditation Info (if any):

Licensure/Accreditation Agency Name:	Expiration Date	Type of License/Accreditation
		<input type="checkbox"/> Therapeutic <input type="checkbox"/> Academic
		<input type="checkbox"/> Therapeutic <input type="checkbox"/> Academic
		<input type="checkbox"/> Therapeutic <input type="checkbox"/> Academic

- ◆ All late payments will be assessed a 1 1/2% **late fee** on the principal amount every 30 days until payment is received
- ◆ Due to the fact that NATSAP is engaged in lobbying activities at the moment, please note that 19.4% of your membership dues for 2011 will not be deductible as an ordinary business expense. (Example: If your dues are \$2,000, you may not deduct \$388. You can, however, deduct \$1,612 as an ordinary business expense.)

* If you have any questions or need help please contact Cliff Brownstein at the NATSAP office at (301) 986-8770 or cliff@natsap.org