



National Association of Therapeutic Schools and Programs

2019-2020 Program/School Membership Application

The National Association of Therapeutic Schools and Programs (NATSAP) is an association 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.

It is important to remember that NATSAP's is not an accrediting or licensing body.

NATSAP's 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. The NATSAP membership year runs from July 1st through June 30th. Applications received and accepted prior to July 31st of each calendar year will be included in the current year printed directory. Directory information is posted to the NATSAP website, within two weeks following 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 1. *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 current NATSAP member program representative in good standing.**

NATSAP 2019-2020 Program/School Membership Application

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.

All applicant programs serving clients under the age of 18 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:

- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)
- Joint Commission (JCAHO)
- National Independent Private Schools Association (NIPSA)

Application Cover Page (page 2)

Ethical Principles, Principles of Good Practice, and Behavior Management (page 3)

Licensure, Ownership and Name Changes (page 4)

Program/School Information (pages 5 and 6)

Program Licensing / Accreditation / Affiliations and copies of supporting documents (**Please attach**) (page 7)

Program Psychotherapy Information and copy of Lead Clinician's License and Resume (**Please attach**) (page 8)

Program/Contact Information (page 9)

Payment of projected dues (page 10)

Your mission statement, and/or a statement of major goals and objectives (**Please attach**)

Email a **300 word or less description** of your program information and services for purposes of our Directory (Email to info@natsap.org)

NOTE: If you are submitting your application after September 30th, 2019 **AND** you are a first-time applicant, your dues will be pro-rated. Please visit our website or contact the NATSAP office for assistance in calculating your dues before submitting your application and dues.

If applying as an Associate Member – Applicant **MUST** still include a scan or copy of the license and resume of your supervising clinician

RETURN MEMBERSHIP APPLICATION PACKET TO:

NATSAP

Shanita Smith, Director of Membership and Public Relations

4350 East West Hwy, Suite 925

Bethesda, MD 20814

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

Email: shanita@natsap.org | website: www.natsap.org

NATSAP 2019-2020 Program/School Membership Application

Name of Program: _____

Full Membership

(only programs with **Full Membership** have voting rights).

Programs applying for Full Membership must be in operation beginning with the first client admission 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, adolescents, and young adults or accredited by one or more of the following: JCAHO, COA, CARF, NIPSA – Therapeutic (**level 3 or 4 only**). **This category includes non-residential treatment programs.**
- have therapeutic services with oversight by a qualified clinician
- aspire to the NATSAP Ethical Principles and Principles of Good Practice

Provisional Membership

Programs applying for Provisional Membership must:

- be licensed by the appropriate state agency authorized to set and oversee standards of therapeutic and/or behavioral healthcare for youth, adolescents or young adults, or accredited by one or more of the following: JCAHO, COA, CARF, NIPSA – Therapeutic (**level 3 or 4 only**). **This category includes non-residential treatment programs.**
- have therapeutic services with oversight by a qualified clinician
- aspire to the NATSAP Ethical Principles and Principles of Good Practice

* The Provisional Member is approved for a period of 2 years. At that time the program is subject to review by the membership committee for an extension of the provisional membership.

Associate Membership

Programs applying for Associate Membership are unlicensed or non-accredited residential, non-residential, or young adult programs and must:

- be in operation beginning with the first client admission for at least one year prior to applying for membership
- unlicensed/non-accredited programs serving an adult population of 18 and older
- have therapeutic services with oversight by a qualified clinician
- aspire to the NATSAP Ethical Principles and Principles of Good Practice

NATSAP Office Use Only

Date Received ___/___/___

Date Approved/Denied ___/___/___

Emailed: ___/___/___

DB Entry ___/___/___

NMP Sent ___/___/___

Posted on website ___/___/___

NATSAP 2019-2020 Program/School Membership Application

ETHICAL PRINCIPLES OF GOOD PRACTICE AND BEHAVIOR MANAGEMENT

Members of the National Association of Therapeutic Schools and Programs (NATSAP) provide residential, therapeutic, and/or educational services to children, adolescents, and young adults entrusted to them by parents and guardians. The common mission of NATSAP members is to promote the healthy growth, learning, motivation, and personal well-being of our program participants. The objective of all our therapeutic and educational programs is to provide excellent treatment for our program participants; treatment that is rooted in good-hearted concern for their well-being and growth; respect for them as human beings; and sensitivity to their individual needs and integrity.

When applying to become or continue as a member of The National Association of Therapeutic Schools and Programs, the program/school Executive signs the Ethical Principles stating that *our organization supports and follows the NATSAP Ethical Principles.*

1. Be conscious of, and responsive to, the dignity, welfare, and worth of our program participants.
2. Honestly and accurately represent ownership, competence, experience, and scope of activities related to our program, and to not exploit potential clients' fears and vulnerabilities.
3. Respect the privacy, confidentiality, and autonomy of program participants within the context of our facilities and programs.
4. Be aware and respectful of cultural, familial, and societal backgrounds of our program participants.
5. Avoid dual or multiple relationships that may impair professional judgment, increase the risk of harm to program participants, or lead to exploitation.
6. Take reasonable steps to ensure a safe environment that addresses the emotional, spiritual, educational, and physical needs of our program participants.
7. Aspire to maintain high standards of competence in our areas of expertise and to be mindful of our limitations.
8. Value continuous professional development, research, and scholarship.
9. Place primary emphasis on the welfare of our program participants in the development and implementation of our business practices.
10. Manage our finances to ensure that there are adequate resources to accomplish our mission.
11. Fully disclose to prospective candidates the nature of services, benefits, risks, and costs.
12. Provide informed, professional referrals when appropriate or if we are unable to continue service.
13. Agree to not facilitate or practice reparative therapy.

I, _____, confirm that our Program/School supports the Mission, vision, Ethical Principles,

(Print Name)

Principles of Good Practice, and Behavior Management Guidelines and that our Program/School meets the requirements for **(check one)** Full Provisional Associate membership in the National Association of Therapeutic Schools and Programs (NATSAP). *I have signed below to indicate that we aspire to the above Ethical Principles.*

Chief Executive's Signature

Name (please print or type)

Title

Date

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LICENSURE, OWNERSHIP, AND NAME CHANGES

Members of the National Association of Therapeutic Schools and Programs (NATSAP) provide residential, therapeutic, and/or educational services to children, adolescents, and young adults entrusted to them by parents and guardians. The common mission of NATSAP members is to promote the healthy growth, learning, motivation, and personal well-being of our program participants. The objective of all our therapeutic and educational programs is to provide excellent treatment for our program participants; treatment that is rooted in good-hearted concern for their well-being and growth; respect for them as human beings; and sensitivity to their individual needs and integrity.

When applying to become a member or maintaining one's membership with the National Association of Therapeutic Schools and Programs, the program/school signs the Ethical Principles form agreeing to *honestly and accurately represent ownership, competence, experience, and scope of activities related to our program, and to not exploit potential clients' fears and vulnerabilities.*

In order to adhere to this principle, NATSAP must be made aware of any licensure, ownership, and/or name change of all member programs within 30-60 days of said change. If the program in question does not disclose this information and provide relevant documentation within this time frame, the program/school may be subject to membership re-evaluation.

I, _____, agree to inform the National Association of Therapeutic Schools and Programs (NATSAP) of any licensure, ownership, and name changes to continue to uphold the Ethical Principles and Principles of Good Practice of the Association.

Chief Executive's Signature

Name (please print or type)

Title

Date

NATSAP 2019-2020 Program/School Membership Application

PROGRAM / SCHOOL INFORMATION

Application Date: _____ Full Name of School / Program: _____

Type of Program (please select **ONE** program type which your program most aligns with)

- | | |
|--|--|
| <input type="checkbox"/> Therapeutic Boarding School | <input type="checkbox"/> Therapeutic Day School |
| <input type="checkbox"/> Outpatient/Non-Residential (Therapeutic Only) | <input type="checkbox"/> Specialty Psychiatric & Behavioral Hospital |
| <input type="checkbox"/> Residential Treatment Center | <input type="checkbox"/> Transitional Independent Living Program |
| <input type="checkbox"/> Eating Disorder (if specialty) | <input type="checkbox"/> Wilderness Therapy Program |
| <input type="checkbox"/> Substance Abuse (if specialty) | <input type="checkbox"/> Young Adult Program (serving 18+ only) |
| | <input type="checkbox"/> Other, please explain _____ |

Would you like to receive a printed copy of the Directory? Y N
If yes, how many copies would you like to receive? ____ (max qty 2)

Is your program (please check):

- | | |
|--|--|
| <input type="checkbox"/> Male only, as assigned at birth | <input type="checkbox"/> Female, including transgender |
| <input type="checkbox"/> Male, including transgender | <input type="checkbox"/> All Genders (non-binary) |
| <input type="checkbox"/> Female only, as assigned at birth | <input type="checkbox"/> Coed - male and female only, as assigned at birth |

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

What is the length of stay for the average student?

What is your current enrollment size? _____

What accredited academic grade levels are available?

What was your Average Daily Census (ADC) in the last calendar year? ____

(If you offer accredited grades, please provide a copy of the contract.)

Are you a college preparatory school? Yes No

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

Are you approved by the U.S. Immigration and Naturalization Service to accept foreign students (SEVIS)? Yes No

Student Profile (please select all which your program can best help):

- | | | |
|---|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Sexual Addictions |
| <input type="checkbox"/> Adoption/Attachment Issues | <input type="checkbox"/> Failure to Launch | <input type="checkbox"/> Social, Emotional or Psychiatric Issues |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Grief | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> ASD | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Bipolar | <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> OCD | _____ |
| <input type="checkbox"/> Divorce Issues | <input type="checkbox"/> Self-Harm or Cutting | |

Is insurance accepted? Yes No

Is financial aid available? Yes No

Is your organization for profit or nonprofit? For profit Nonprofit

***Please include information as it should appear in the NATSAP Directory and on the NATSAP website.**

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PROGRAM / SCHOOL INFORMATION

Chief Executive Officer's Name: _____	
Year Founded: _____	Date of 1st program participant enrollment: _____
Business Address: _____	
Mailing Address: _____	
(if different from Business Address)	
Which Address should be listed online and in the NATSAP directory? (Please select only one.)	
<input type="checkbox"/> Business Address <input type="checkbox"/> Mailing Address	
Telephone: _____	Email: _____
Fax Number: _____	Website: _____

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?

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

LICENSE / ACCREDITATION / AFFILIATIONS INFORMATION

Please list the owners including the names of the corporation or LLC (if applicable):

Financial Affiliations (investment firms, etc.):

Provide your licensing (i.e. the name of the appropriate state licensing agency authorized to set and oversee standards of therapeutic services).

Please select your accreditation body (if applicable):

- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)
- Joint Commission (JCAHO)
- National Independent Private Schools Association (NIPSA)
- N/A

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:

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 list acronyms**):

Does the accrediting or licensing agency conduct a site visit? Yes No

If yes, how often is the site visit held?

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:

Is your program accredited or licensed by any academic agency? Yes No

If yes, by whom (**please DO NOT list acronyms**):

***Please include information as it should appear in the NATSAP Directory and on the NATSAP website.**

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PROGRAM PSYCHOTHERAPY INFORMATION

Clinical Oversight: Please provide the name of clinician providing oversight of therapeutic services and explain the credentials and licensing information for the clinician

(please DO NOT use acronyms and attach a copy of the license and resume):

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 (on average)? Yes No

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

Group Psychotherapy Services

Do you offer group psychotherapy (on average)? Yes No

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

Family Psychotherapy Services

Do you offer family psychotherapy (on average)? 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:

ATTACH PROGRAM DESCRIPTION (may NOT exceed 300 words)

Please provide the program description (in word or text format) that you want included in the NATSAP Directory and on the NATSAP website by emailing info@natsap.org or mailing it to the NATSAP office.

You MUST include your program mission statement and an overview of your services.

***Please include information as it should appear in the NATSAP Directory and on the NATSAP website.**

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CONTACT INFORMATION

Executive Contact: _____
Position/Title: _____
Telephone Number: _____
Email: _____

Primary Contact: _____
Position/Title: _____
Telephone Number: _____
Email: _____

Academic Contact: _____
Position/Title: _____
Telephone Number: _____
Email: _____

Admissions Contact: _____
Position/Title: _____
Telephone Number: _____
Email: _____

Contact Person for changes to Directory page: _____
Position/Title: _____
Telephone Number: _____
Email: _____

Alumni Contact: _____
Position/Title: _____
Telephone Number: _____
Email: _____

Clinician providing oversight of therapeutic services: _____
Position/Title: _____
Telephone Number: _____
Email: _____

Contact Person for payment of dues: _____
Position/Title: _____
Telephone Number: _____
Email: _____

Government Relations/Regulatory Licensing Contact: _____
Position/Title: _____
Telephone Number: _____
Email: _____

***If any contact fields are left blank, the primary contact will be used as the point person for that information.**

Social Networking Profiles (Optional)
Program's Facebook ID? _____
Program's Twitter ID? _____

****The Executive Contact and Primary Contact will automatically be made Group Administrators on your online NATSAP account.**

Would you like to be assigned a mentor program? Yes No

***Your mentor program will be there to help guide you through conferences, member benefits and how to best utilize NATSAP membership.**

Would you like to be contacted about Government Relations? Yes No

Are you interested in learning more about NATSAP's Research Designated Program (RDP)? Yes No

Signed _____ Date: _____

Name (Print) _____

Official Position: _____

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Dues Invoice

PAYMENT MUST BE RECEIVED BY July 31, 2019 TO BE PUBLISHED IN THE NATSAP PRINTED MEMBERSHIP DIRECTORY

Date: _____ Program Name: _____

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 \$1,858.00 per program. The Census Fee is set at \$37.62 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 **previous** 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 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.

INVOICE CALCULATION	
Base Fee: \$1,858.00 _____	\$ _____
ADC# (for 2018) _____	_____
Census Fee: (if ADC is 10 or less) _____	- 0 -
Census Fee: (if ADC is greater than 10) ADC# (130 max.) x \$37.62 _____	\$ _____
Total Invoice*	\$ _____
_____	_____
Signature	Date

PAYMENT:

Check is enclosed Check number _____

Credit Card Amex Visa MC

Name on Card: _____

Billing Address: _____

Credit Card Number: _____

Exp. Date: _____ CVV #: _____

- Please fax your payment to (301) 986-8772
- Or make check payable to: NATSAP

MAIL TO: NATSAP

Attn: Shanita Smith, Director of
Membership
4350 East West Hwy, Ste 925
Bethesda, MD 20814

OR

shanita@natsap.org

- All late payments will be assessed a 1 ½% late fee on the principal amount every 30 days until payment is received
- Since NATSAP is engaged in lobbying activities, please note that only 93% of your membership dues for 2019-2020 may be deducted as an ordinary business expense. (Example: If your dues are \$2,000, you may not deduct \$140. You can, however, deduct \$1,848 as an ordinary business expense.)

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