CATSO Membership Renewal Form

2022

Member Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check document which trainings you attended during 2022:

CATSO Trainings \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATSA Trainings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MASOC/MATSA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Since December 2021 have anything of these things occurred.**

Have you had a professional license/certification denied, revoked or suspended?\_\_\_\_\_\_\_\_\_

Have there been any malpractice judgments against you?\_\_\_\_\_\_\_\_\_\_\_\_

Has there been any findings of professional misconduct against you?\_\_\_\_\_\_\_\_\_\_\_

Have you been convicted of a felony or any statutory sexual offense?\_\_\_\_\_\_\_\_\_\_\_\_

I ATTEST THAT THE INFORMATION ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE

Name and date

Clinical Dues $125.00 Pay online or send a check to Eliza

Send Renewal form to Eliza Borecka, CATSO Treasurer

Program Director, The Sterling Center

731c Bridgeport Ave

Shelton, CT 06484