



## Annual Registration Attestation

Since becoming registered by ATTACH, I attest to the following facts:

- I have not been convicted of any crimes (other than traffic violations).
- I have not had any license, certificate, registration or any other similar document suspended or revoked.
- I have not been the subject of any disciplinary hearings or proceedings.
- I have not had my membership in any professional organization or association involuntarily terminated for any reason other than non-payment of dues.
- My license/certificate/registration, if one is required to practice in any jurisdiction in which I am practicing, is current and in full force and effect.
- I have current malpractice insurance.
- I certify that, other than the documents submitted with this attestation, nothing in my/our documents, policies, or protocols has changed from the documents submitted with our original application or 3-Year review application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Organization, if applicable

If any of the above facts are not true, please provide a written explanation.

No other documentation from registered members is required at this time, although you are expected to be obtaining at least 10 hours of training annually in attachment related issues.

Please attach to this form:

- 1) A copy of the clinician's current malpractice insurance.
- 2) A copy of the clinician's current license.
- 3) A copy of any changes in the clinician's/agency's documents submitted with the original application packet.
- 4) Completed Annual Training Report with copies of CE Certificates (30 credits are needed every 3 years to maintain registered status)

Send above documents along with membership renewal form and fee. If this is for a Registered Organization, please submit a copy of this form along with, a current license, current insurance, and annual training report **for each therapist** within the Registered Organization.