



## SMS Application Materials Checklist

<input type="checkbox"/>	1st page: Contact and demographic info, credit card info (if paying the fee by credit card), indication of special accommodations needed.
<input type="checkbox"/>	2nd page: Education and experience information and attestation signature.
<input type="checkbox"/>	3rd page: Work Verification Form which must indicate: A complete description of your AT direct consumer service related work responsibilities and duties; The time spent in AT direct consumer service in a typical work week; and Supervisor's signature and contact information.
<input type="checkbox"/>	4th page: Good Moral Character Affirmation Form
<input type="checkbox"/>	5th page: Professional Activities and documentation
<input type="checkbox"/>	Application Fee \$250 for 1st time or re-test more than 1 year since last exam attempt; or \$125 for retest within 1 calendar year since last exam. A \$50 processing fee is kept for cancellations

Mail all pages of the completed application with supporting documentation to:

RESNA  
 1560 Wilson Blvd, Suite 850  
 Arlington, VA 22209  
 Phone: 703-524-6686, Fax: 703-524-6630, Email: [credentials@resna.org](mailto:credentials@resna.org)

A confirmation e-mail will be sent to the e-mail address provided on page 1 with instructions on setting up the exam.

## QUICK REFERENCE

RESNA: 1560 Wilson Blvd, Suite 850, Arlington, VA 22209-1903 USA 1+703-524-6686 [www.resna.org](http://www.resna.org)

For application or test site questions: [certification@resna.org](mailto:certification@resna.org)

For refunds: [certification@resna.org](mailto:certification@resna.org)

For login: [certification@resna.org](mailto:certification@resna.org)

For all other general information: [certification@resna.org](mailto:certification@resna.org)

Prometric: 1501 South Clinton Street, Baltimore, MD 21224, USA [www.prometric.com](http://www.prometric.com)

To schedule, reschedule, or cancel an appointment, call 800-467-9582 Monday-Friday, 8:00 a.m. to 8:00 p.m. Eastern Time (closed holidays)

To report any problems encountered during your testing experience, call 800-853-6769.

For test site closure information: <http://www.prometric.com/sitestatus/default.htm>

For general information: <http://www.prometric.com/TestTakers/ContactUs/email.htm>

For test site issue: <http://www.prometric.com/TestTakers/ContactUs/complaintform.htm>

EXAM PERIODS AND APPLICATION DEADLINES			
Exam	Testing Dates	Applications Accepted Without Late Fee	Applications Accepted With Late Fee
<b>SUMMER 2013</b>			
ATP	July 1 - September 30	April 1 - May 31	June 1-June 15
SMS	July 1 - September 30	April 1 - May 31	June 1-June 15
<b>FALL 2013</b>			
ATP	October 1 - December 31	June 1 - August 31	Sept. 1-September 15
SMS	October 1 - December 31	June 1 - August 31	Sept. 1-September 15
<b>WINTER 2014</b>			
ATP	Jan. 1 - March 31	Sept. 1-November 30	Dec. 1-December 15
SMS	Jan. 1 - March 31	Sept. 1-November 30	Dec. 1-December 15
<b>SPRING 2014</b>			
ATP	April 1 - June 30	Dec. 1- February 28	March 1-March 15
SMS	April 1 - June 30	Dec. 1- February 28	March 1-March 15



# SMS Application Form

Application Fee: \$250

Please mail or scan and email your application to RESNA

RESNA

1560 Wilson Blvd, Suite 850

Arlington, VA 22209-1903

Email: [certification@resna.org](mailto:certification@resna.org)

## COMPUTER-BASED TESTING

(Exam is given on an as-needed basis. Please see the Prometric test center page for a list of cities with testing centers.)

<http://www.prometric.com/RESNA>)

Application and Test Fee: \$250

- Check
- Money Order
- Master Card
- Visa

Note: We do not accept American Express or Discover Cards

Credit Card Number:

Expiry Date:

Name on Card:

3-Digit Security Code  
on back of card:

Billing Address:

Do you require special accommodations?  
(If so, please contact office & provide  
written medical documentation to support  
your request)

- Yes       No

If yes:

- Seating accommodation
- Individual proctor or reader needed
- Extended time needed
- Other: contact office immediately to discuss appropriate accommodation

## Application Form

1. LAST NAME: (Please print or type clearly)

FIRST NAME & MIDDLE INITIAL

2. PREFERRED MAILING ADDRESS: (this will be listed on the RESNA website directory)

COMPANY/ORGANIZATION

NO & STREET

PO BOX OR APT. NO.

CITY, STATE/PROV, ZIP, POSTAL CODE

3. OFFICE PHONE: (Include area code)

4. FAX: (Include area code)

5. EMAIL ADDRESS (please print clearly)

# SMS Application Form

## Education and Experience

I AM CURRENTLY LICENSED, CERTIFIED OR REGISTERED, AND IN GOOD STANDING AS A:

- |   |   |
|---|---|
| <input type="checkbox"/> Professional Engineer          | <input type="checkbox"/> Physician  |
| <input type="checkbox"/> Occupational Therapist         | <input type="checkbox"/> Physician Assistant                                  |
| <input type="checkbox"/> Occupational Therapy Assistant | <input type="checkbox"/> Assistive Technology Professional                    |
| <input type="checkbox"/> Registered Nurse               | <input type="checkbox"/> Rehabilitation Technology Supplier - CRTS®           |
| <input type="checkbox"/> Physical Therapist             | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Physical Therapy Assistant     | <input type="checkbox"/> No license, certificate or registration listed above |

MY PRIMARY ROLE IN SEATING AND MOBILITY:

- |   |   |
|---|---|
| <input type="checkbox"/> Counselor                      | <input type="checkbox"/> Physical Therapist                 |
| <input type="checkbox"/> Educator                       | <input type="checkbox"/> Physical Therapy Assistant         |
| <input type="checkbox"/> Engineer                       | <input type="checkbox"/> Physician                          |
| <input type="checkbox"/> Manufacturer                   | <input type="checkbox"/> Rehabilitation Technology Supplier |
| <input type="checkbox"/> Occupational Therapist         | <input type="checkbox"/> Rehab Supplier Technician          |
| <input type="checkbox"/> Occupational Therapy Assistant | <input type="checkbox"/> Other _____                        |

PRIMARY PROFESSIONAL SETTING:

- |  |  |
|--|--|
| <input type="checkbox"/> Medical                         | <input type="checkbox"/> Government                |
| <input type="checkbox"/> Medical rehabilitation facility | <input type="checkbox"/> Veteran's administration  |
| <input type="checkbox"/> Outpatient clinic               | <input type="checkbox"/> Vocational rehabilitation |
| <input type="checkbox"/> Assisted living                 | <input type="checkbox"/> State AT act program      |
| <input type="checkbox"/> Long term care                  | <input type="checkbox"/> Supply                    |
| <input type="checkbox"/> Manufacturing                   | <input type="checkbox"/> DME supplier              |
| <input type="checkbox"/> Production research or design   | <input type="checkbox"/> Complex rehab supplier    |
| <input type="checkbox"/> Sales                           | <input type="checkbox"/> Education                 |
| <input type="checkbox"/> Education                       | <input type="checkbox"/> K-12                      |
| <input type="checkbox"/> Private community based service | <input type="checkbox"/> Higher Education          |
| <input type="checkbox"/> Other _____                     |  |

EDUCATIONAL LEVEL (Check only one):

- Master's Degree or higher in Special Education
- Master's Degree or higher in a Rehab Science
- Bachelor Degree in Special Education
- Bachelor Degree in a Rehab Science
- Bachelor Degree or higher in a Non-Rehab Science
- Associate Degree in a Rehab Science
- Associate Degree or higher in a Non-Rehab Science
- HS Diploma or GED

TOTAL NUMBER OF YEARS EXPERIENCE IN ASSISTIVE TECHNOLOGY: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Verification of Work Experience in Seating and Mobility Service Delivery

SECTION I: To be completed by applicant.

\_\_\_\_\_  
 APPLICANT'S NAME:

\_\_\_\_\_  
 SUPERVISOR'S NAME:

\_\_\_\_\_  
 ORGANIZATION:

\_\_\_\_\_  
 TELEPHONE:

\_\_\_\_\_  
 ADDRESS:

\_\_\_\_\_  
 DATES OF EXPERIENCE /EMPLOYMENT:

## SECTION II: To be filled out and signed by Applicant:

Seating and Mobility related service is defined as those services that are provided in-person to consumers and others related to or working with consumers in various settings. The 1000 hours can be acquired at any time in your professional experience, and they include evaluation and assessment, product trial, fitting, modifications, troubleshooting, training, and related documentation.

The following services related to seating and mobility would not be applicable for inclusion in the total of 1,000 hours. This list is not all inclusive. The applicant may appeal an adverse decision on work verification to the Professional Standards Board.

1. Customer service, scheduling, and/or paperwork processing of seating and mobility orders
2. Billing, collections and/or claims processing of seating and mobility products
3. Information gathering and sharing via telephone or internet only.

Describe your weekly job responsibilities in seating and mobility related service.	Average hrs/ week	# of weeks worked

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

Please provide a professional contact to verify experience in the event of an audit:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Phone



## Good Moral Character Affirmation Questions

Please answer the following questions in order to address any issues that may be harmful to the public or inappropriate to the profession. A "yes" answer will not necessarily result in a denial of certification. However, please fully disclose any relevant information so that the RESNA Professional Standards Board can make an informed evaluation and decision.

Have you ever been convicted of, pled guilty or no contest to, been acquitted by reason of mental disease or defect, entered into a diversion in lieu of prosecution, or had adjudication withheld on a felony charge in any legal jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, pled guilty or no contest to, been acquitted by reason of mental disease or defect, entered into a diversion in lieu of prosecution, or had adjudication withheld on a misdemeanor involving theft, fraud, bribery, corruption, perjury, embezzlement, solicitation, dishonesty, physical harm or threat of physical harm to the person or property of another or substance abuse in any legal jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been subject to an adverse civil or administrative judgment for theft, fraud, corruption, embezzlement, solicitation, dishonesty, substance abuse, or other acts of moral turpitude (any offense that calls into questions the integrity or judgment of your actions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently or ever been subject to disciplinary action (i.e. sanctioned, reprimanded, suspended, or restricted) by any professional body, association, licensing authority, board or certifying association of which you were or are a member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been discharged from employment for theft, fraud, corruption, embezzlement, solicitation, dishonesty, substance abuse, or other acts of moral turpitude (any offense that calls into questions the integrity or judgment of your actions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: No applicant will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense will be considered.

I, the undersigned, certify the above and accompanying eligibility information is correct. I also acknowledge and accept the regulations of the RESNA Professional Standards Board and recognize this Board as the sole and only judge of my qualifications to receive and retain a certification issued on behalf of the Board and to have my name published in any list or directory in which certified, or de-certified, individuals are listed. I pledge to follow the RESNA Code of Ethics and RESNA Standards of Practice in my work with assistive technology.

<input type="checkbox"/>	I declare and affirm that the statements made in this certification application are complete and correct, understand that I may be subject to a random audit and a background check and that any false or misleading information may be cause for denial or disciplinary action.
<input type="checkbox"/>	To the best of my knowledge and belief I am in compliance with the RESNA Code of Ethics and Standards of Practice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# SMS Application Form: Professional Activities

## Professional Categories (Choose two.)

Please select TWO types of professional activities from the 7 professional categories below that you have completed in the past 5 years. No more than two of the seven are needed. SEE APPENDIX A for a detailed list of professional activities within each category listed below. Note that the full time commitment described must be met to check off that category (no partial credits are awarded).

## Professional Categories (Choose two.)

- Continuing education (1 CEU in seating and mobility-related services).  
Note: CRTS designation in good standing from NRRTS fulfills this requirement
- Presentations/formal instruction
- Mentoring/supervision
- Client service delivery
- Advocacy
- Leadership
- Publications

## Activity 1 Description

Identify 1 activity from the appendices for the first professional category chosen.


Activity 1 Supporting Evidence Attached

## Activity 2 Description

Identify 1 activity from the appendices for the second professional category chosen.


Activity 2 Supporting Evidence Attached

