



# American Burn Association BT-C Registration Form

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# Registration to Apply for Burn Therapist Certified Status

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## Registration to Apply for Burn Therapist Certified (BT-C) Status

Thank you for your interest in applying for Burn Therapist Certified (BT-C) certification. To assist you in the BT-C process please read/reference the BT-C Applicant Handbook. Please complete this initial registration form and submit a non-refundable registration fee of \$50 for Members and Non-Members. Your registration form will be reviewed to ensure that you meet the minimum requirements to apply for BT-C status. When the requirements are verified, you will receive an email inviting you to complete the full BT-C Portfolio Application. You will have 6 months from the date of the email confirmation to complete the BT-C application and pay the application fee. The fee is \$400 for Members, \$800 for Non-Members and can be paid at the time of Portfolio submission. If you do not complete your full BT-C Portfolio submission within 6 months of registration confirmation, you will need to reapply, re-register and pay a new registration fee.

As part of completing this registration form, you are required to submit the Employment Verification form(s) with signature(s) from supervisors to verify that you have achieved 4000 hours in direct clinical care burn rehabilitation practice in the last 5 years. This form can be downloaded here.

First Name *	<input type="text" value="Jennifer"/>
Middle Name	<input type="text"/>
Last Name *	<input type="text" value="Wahl"/>
Designation *	<input type="text"/>
Address *	<input type="text" value="311 S. Wacker Dr."/>
City/Town *	<input type="text" value="Chicago"/>
State/Province/Cour	<input type="text" value="Illinois"/>
Zip/Postal Code *	<input type="text" value="60606"/>
Country	<input type="text"/>
Email Address *	<input type="text" value="wahl@ameriburn.org"/>
Profession *	<input type="text"/>

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# Registration to Apply for Burn Therapist Certified Status

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- Please enter a value in the Profession field.
- Please enter a value in the Designation field.
- Please enter a value in the Educational Background field.
- Please enter a number in the License # field.
- Please enter a value in the Associated State, Province, or Country where license was granted field.
- Please enter a value in the College/University field.
- Please enter a value in the Degree field.
- Please enter a value in the Graduation Year field.

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## Minimum Qualifications to Apply for BT-C Status

Applicants must meet/complete all minimum requirements defined in this registration form in order to be eligible to apply for BT-C status. This is NOT a portfolio application. Please confirm that you meet the requirements by checking the appropriate box in front of each requirement and providing the requested information in text boxes associated with requirements.

### Minimum qualifications:

- 1) Possess an occupational therapy or physical therapy license in good standing with the state/territory/country licensing agency.
- 2) Graduated from a World Federation of Occupational Therapists or World Confederation for Physical Therapy recognized educational program.
- 3) Have worked with the burn injured population for a minimum of 2 years.
- 4) Have worked 4000 hours in direct patient care with the burn population in the 5 years prior to application date.

*\*If you would like to apply using the Direct Patient Care Exception please email [certification@ameriburn.org](mailto:certification@ameriburn.org).*

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## Educational Experience

**Educational Background \***  I have graduated from a World Federation of Occupational Therapists recognized educational program  
 I have graduated from a World Confederation for Physical Therapy recognized educational program  
 I possess an occupational therapy or physical therapy license in good standing

**License # \***

**Associated State, Province, or Country where license was granted \***

-----  
\*  
-----

Enter and complete up to 4 educational experiences in the below fields. Please include the following required information for each educational experience: College/University, Degree, and Graduation Year.

1.  
**College/University \***   
**Degree \***   
**Graduation Year \***

2.  
**College/University.**   
**Degree.**   
**Graduation Year.**

3.  
**College/University..**   
**Degree..**   
**Graduation Year..**

4.  
**College/University...**   
**Degree...**   
**Graduation Year...**

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## Work Experience

I have worked with the burn injured population for minimum of 2 years.

Select yes or no in the drop-down menu \*

I have a minimum of 4000 hours of direct patient care in the past 5 years before today's date.

-Select yes or no in the drop-down menu \*

\*Employment Verification Form is required to be completed.\*

Enter and complete 1 current position and up to 4 previous Burn Rehabilitation Positions. Please include the following required information for each work experience: Position title, Name of employer, Start date (MM/YY) and End date (MM/YY).

1..

Position Title *	<input type="text"/>
Name of Employer *	<input type="text"/>
Start date (MM/YY) *	<input type="text"/>
End date (MM/YY) *	<input type="text"/>

2..

Position Title.	<input type="text"/>
Nam of Employer.	<input type="text"/>
Start date (MM/YY).	<input type="text"/>
End date (MM/YY).	<input type="text"/>

3..

Position Title..	<input type="text"/>
Name of Employer..	<input type="text"/>
Start date (MM/YY)..	<input type="text"/>
End date (MM/YY)..	<input type="text"/>

4..

Position Title...	<input type="text"/>
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## Employment Verification Forms

Complete up to 5 total **Employment Verification forms** (including your current employer) to represent all 4,000 hours worked in the last 5 years. A signed Employment Verification Form is required from each employer reported.

*\*\*Completed Employment Verification forms are to be uploaded below\*\**

Upload your  
completed

Employment

Choose File No file chosen

Verification Form

here. \*

If I become certified, I grant permission to list my contact my name and contact information in a directory available to the publi

--Select yes or no in

the drop-down

menu \*

I verify that all of the information provided is accurate and truthful to the best of my knowledge.

--Select yes or no

in the drop-down

menu \*

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