



SPECIALIST RENEWAL FORM

Use this form to renew your recognition as a specialist in your area by The Therapy Network University.

For details re TTN Specialties, please refer to TTNU's document titled "TTN Specialties"

PERSONAL INFORMATION	
Full Name	
Professional designation (PT, LPTA, ATC etc.)	
How do you want to be listed on your certificate and on the specialty listing	
SPECIALTY INFORMATION	
What specialty are you renewing	
How long have you been working in your profession	
Have you been working at least 2 out of the past 5 years in your specialty area	
Have you completed at least 15 CE credits (this can be a combination of type one and type two activities) in the past 2 years since your last recognition as a specialist, in the same area of specialization	
If so, pls submit proof of these	
Is your professional license in good standing	
CONTACT INFORMATION	
E-Mail address	
Phone number you can be reached	
Date	