

# REGISTERED SHIATSU THERAPIST APPLICATION FORM



**In order to be processed, this application form has to be completed and mailed to STA of BC, Box 37005, Gordon Park Postal Outlet, Vancouver, BC, V5P 4W7 together with:**

**Note: We can accept cheques and money orders only.**

- A non-refundable cheque for \$25.00 for processing fees made out to STA of BC
- A cheque for \$100.00 for RST membership fees
- OR
- One cheque for \$125.00 (includes application and RST status)
  
- A copy of your Shiatsu School certificate (plus translation if necessary)
- A copy of your training curriculum (plus translation if necessary)
- A copy of your current CPR/First Aid Certificate
- Any other document that you deem necessary

**The Review Committee reserves the right to ask for further information or proof of training if deemed necessary to ensure adherence to the STA Standards**

## GENERAL INFORMATION: Please print clearly

1. NAME (as you wish it to appear on your certificate): \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ Postal Code: \_\_\_\_\_

3. PHONE NUMBERS: (home) ( ) \_\_\_\_\_ (cell) ( ) \_\_\_\_\_  
(bus) ( ) \_\_\_\_\_ (fax) ( ) \_\_\_\_\_

4. E-MAIL: \_\_\_\_\_

5. WEBSITE ADDRESS: \_\_\_\_\_

6. CURRENT EMPLOYMENT: \_\_\_\_\_

## TRAINING:

1. Shiatsu School Attended: \_\_\_\_\_

2. School address: \_\_\_\_\_

3. School director or contact: \_\_\_\_\_

4. Additional courses, workshops, education that you feel are relevant to this application:

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**CERTIFICATION:**

1. List any school or provincial certification, including other health professions:

\_\_\_\_\_

2. If you belong to any other professional associations, please list, giving association name and your membership number. \_\_\_\_\_

3. Have you ever had a certificate, license of professional credential revoked? YES \_\_\_\_ NO \_\_\_\_  
If yes, please provide explanation on a separate sheet.

**INSURANCE:**

Do you presently carry any professional insurance? YES \_\_\_\_ NO \_\_\_\_

\_\_\_\_\_

The STA of BC now has a policy to carry mandatory insurance, on completion of your membership requirements, along with your certificate from the STA we will provide you with information on where it is advisable to apply for insurance. Your obligation then is to provide your Insurance Company name and policy number to the STA of BC.

**MEMBERSHIP:**

1. Do you have skills that would help the Shiatsu Therapy Association of BC? Continued operation of the Shiatsu Therapy Association of BC depends on Volunteers. (For example, accounting, legal, fund raising, advertising graphic arts, workshop organizing and /or presenting.)

\_\_\_\_\_

2. Would you be interested in volunteering for your organization? What would you be interested in?

\_\_\_\_\_

- I certify that the foregoing information and all attached documentation are true and correct.
- I have read the STA’s Code of Ethics and pledge to honour the ethical and professional requirements set forth.
- I understand that application for membership with the Shiatsu Therapy Association of British Columbia does not guarantee acceptance.
- I also understand that any false or misleading information will void this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STA of BC Box 37005, Gordon Park Postal Outlet, Vancouver, B.C. V5P 4W7  
Ph: (604) 433-9495 Fax: (604) 451-8477

Email: sta@shiatsutherapy.ca

Website: www.shiatsutherapy.ca