

GUIDELINES FOR ARC™ REREGISTRATION THROUGH CONTINUING EDUCATION

QUALIFICATION CRITERIA

To apply for reregistration through continuing education, 100 contact hours (CH) of continuing education **related to aromatherapy practice** must be submitted for consideration. All CH must have been completed within the five years prior to the candidate's registration renewal date and may be accumulated in any combination of continuing education programs.

100 CH are equal to 100 actual hours made up from a continuing education offering provided by any approved educational body or organization, or by a NAHA or AIA approved school or educator. Training in Raindrop Therapy or Aroma Touch Therapy¹ will not be considered as this is not approved as a safe administration method by ARC™.

The offerings can include:

- Aromatherapy related workshops or seminars
- five CH for a two-page Aromatherapy related article to be published in our Newsletter
- Aromatherapy professional development offerings
- Distance-education or online courses
- with a focus on aromatherapy
- Aromatherapy state or national conferences
- NAHA or AIA approved aromatherapy academic courses
- The preparation and one presentation of a professional education topic relevant to aromatherapy
- An original article written by the candidate and published in a professional journal closely related to aromatherapy

Also, the following ARC™ test development activities can count towards continuing education:

- In addition, CHs can be earned by participating in an item review session. A three-hour ARC item review session is equivalent to 3 contact hours. To be considered as a potential participant, please contact the ARC Board outlining your aromatherapy training at info@aromatherapycouncil.org.

If the continuing education is listed by credits, each individual academic credit will be considered as ten (10) CH and may be at undergraduate or graduate level.

All applications are subject to audit and may be randomly selected for verification of the information provided.

Candidates whose applications are selected for audit will be notified in writing on receipt of Application. In the event of an audit, candidates will be requested to document all entries, and to provide copies of certificates.

All program information must be listed on the Application for ARC™ Reregistration through Continuing Education and must include date, program, course, activity, title, description, provider or sponsor, and number of CH awarded. If criteria are acceptable, a new five-year certificate will be issued to the RA.

DEADLINES: Applications for reregistration must be postmarked at least one (1) month prior to Registration expiration date or candidates must re-take the ARC™ Registration Examination in Aromatherapy in order to maintain RA status.

Reregistration may be denied for failure to meet 100 CH, falsification or misrepresentation of information, failure to apply before deadline, or failure to verify information when proper documentation is requested. All applications are subject to potential audit. Selection of applications for audit will be made upon their receipt and the candidate will receive written notice of the audit at that time. In the event of an audit, copies of certificates will be requested.

The Board of Directors of the Aromatherapy Registration Council provides the appeal mechanism for challenging the denial of reregistration. It is the responsibility of the candidate to initiate the process in writing within ten (10) days following the date the decision was mailed.

¹ The term "Raindrop Therapy" refers to "Raindrop Therapy, Raindrop Technique" or "Aroma Touch" and any other therapies similar to "Raindrop Therapy, Raindrop Technique" or "Aroma Touch" that involve the use of neat essential oils on the skin by its Registered Aromatherapists. For more information please read the Statement of Policy Against Raindrop Therapy.

If registration lapses, a candidate must meet current eligibility requirements to re-take the ARC™ Registration Examination in Aromatherapy in order to recertify RA status.

Applications for ARC™ Reregistration through Continuing Education are available from Professional Testing Corporation, 1350 Broadway, Suite 800, New York, New York 10018, (212) 356-0660, FAX (212) 356-0678, or www.ptcny.com.

COMPLETION OF APPLICATION

NOTE: A # 2 pencil or black or blue ink may be used to complete the Application.

PAGES 1 and 2

In the **Candidate Information Box** on page 1 of the Application, print your name, complete address, e-mail address, and telephone number in the rows of empty boxes, as shown in the marking sample.

The **Eligibility and Background Information Box** on page 1 of the Application contains a series of questions identified by the letters A, B, C, D, etc. Fill in the circle that reflects your response to each question. **NOTE: All questions must be answered.**

Be certain to fill the corresponding circle completely. Do not make x's, dots, circles, or check marks, but fill the circle completely making your marks dark.

OPTIONAL INFORMATION: The information requested on page 2 relating to race, age, and gender is optional. It is requested to assist in complying with equal opportunity guidelines. It will be used only in statistical summaries and will in no way affect your reregistration.

CANDIDATE SIGNATURE: Sign and date the application in the space provided on page 2.

PAGE 3

Following the directions on pages 3, complete the requested information in full.

Sign and date the authorizing statement.

PAGE 4

Read and sign the Candidate Consent form.

NOTE: Unsigned applications will not be accepted. Mail the completed application with the appropriate fee to:

**ARC™ REREGISTRATION
Professional Testing Corporation
1350 BROADWAY, SUITE 800
NEW YORK, NY 10018**

FEES

Application fee for ARC™ Reregistration through Continuing Education	\$325.00
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MAKE CHECK OR MONEY ORDER PAYABLE TO:

PROFESSIONAL TESTING CORPORATION

Credit cards are also accepted. Please complete the credit card section on Page 2 of the Application.

Note: There will be no refunds of reregistration application fees.



ARC™ Registration Examination in Aromatherapy

CANDIDATE CONSENT FORM

I, _____ (print name), certify that all the information contained in my Application for the ARC™ Registration Examination in Aromatherapy is true and accurate to the best of my knowledge and I seek admission to take the Examination only for the purpose of seeking registration as a Registered Aromatherapist, and for no other purpose.

I have read and agree to abide by ARC™'s policies and procedures, including but not limited to the Disciplinary Policy, Policy on Use of Registration Marks, and the Statement of Policy Against Raindrop Therapy. I agree to uphold the mission of ARC "of promoting and teaching the safe delivery and effective practice of aromatherapy, with the ultimate purpose of protecting public health and safety" and have read and agree to abide by the Disciplinary Policy, the Policy on Use of Registration Marks, and the Statement of Policy Against Raindrop Therapy in their entirety. I will read and keep up-to-date with these rules. I agree that I bear the burden of demonstrating and maintaining compliance during the application review period and for the duration of registration (if granted). I agree that ARC™ may take action regarding my application, examination, or registration in accordance with its Disciplinary Policy, and that the penalties for violation of an ARC™ rule include (but are not limited to) denial, revocation, or limitation of my registration. I agree that ARC reserves the right to publish the names of Registered Aromatherapists who have had their registration revoked.

I agree to promptly notify Aromatherapy Registration Council ("ARC™") of any change in my name, address, telephone number, or e-mail address. I also agree to notify ARC™ (1) if a governmental agency or other professional organization initiates an action against me or (2) if I am convicted of a crime related to aromatherapy or public health.

I authorize ARC™ (including its officers, directors, committee members, panel members, employees, and agents) to

1. review my Examination Application;
2. determine that I am or am not eligible for registration;
3. share any information about my Examination Application, Examination, registration status, and disciplinary history (if any), with state and federal agencies, employers, and others; and
4. publish my name if my registration becomes revoked.

Except for claims based on ARC™'s gross negligence or lack of good faith, I also agree to indemnify ARC™ (and its officers, directors, committee members, panel members, employees, and agents), hold it harmless from, and reimburse it for any and all legal costs and other expenses which ARC™ may incur because of any violation by me of ARC™'s rules or because of an action taken by ARC™ related to my Examination Application, Examination, and/or registration as permitted by ARC™'s rules. I agree to fully cooperate as requested by ARC™ in any review of my Examination Application, Examination, and/or registration.

I agree to follow ARC™'s testing center rules, including but not limited to the following:

1. ARC™ may refuse to admit me to the testing site if I do not have proper photo ID or an admission ticket, or if administration has begun;
2. The examiners at my test site may take any reasonable actions necessary to properly administer the test and keep the testing site secure;
3. The examiners may relocate me before or during the Registration Examination if necessary;
4. I will not communicate with other examinees in any way;
5. I will not take any Registration Examination materials from the test site;
6. I will not copy any Registration Examination materials; and
7. I will not give Registration Examination questions or answers to others.

I understand that ARC™ will only review the Registration Examination materials in order to determine an accurate score; I agree that ARC™ is not required to make any other kind of review and I waive all further claims of examination review.

If I pass the Examination, I agree that ARC™ may:

1. share my name and the fact that I have become certified as a Registered Aromatherapist to newspapers and other publications;
2. share my name and address in a listing of Registered Aromatherapists to individuals and/or organizations interested in aromatherapy; and
3. post my name, employment information, and e-mail address in an online database.

If I become and wish to remain certified as a Registered Aromatherapist, I understand and agree that I must comply with all ARC™ rules at all times and retake and pass the Examination at least one time every five (5) years, or meet the continuing education requirements as set forth by ARC™.

I have read and understand this Consent Form and agree to abide by its terms.

Signed:

Signature

Date: _____

Should I be granted registration as a Registered Aromatherapist, I agree that ARC™ may share my name, employment information, and address as part of ARC™'s mailing list.

Signature

Date: _____

All applicants must answer the following:		
YES	NO	Have you ever been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor related to aromatherapy or public health?

If yes, you must send a letter of explanation by mail or fax to ARC™. The ARC™ must review this information before your Application will be processed.

Application for ARC™ Reregistration through Continuing Education



Eligibility and Background Information

G. ARE YOU CURRENTLY REGISTERED IN AROMATHERAPY BY ARC™?

No Yes

1. Enter your most recent Registration No:

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2. Enter month and year of your Initial Registration:

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H. TOTAL NUMBER OF CONTACT HOURS FROM PAGE 3. (Round to nearest whole number)

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I. ARE YOU A MEMBER OF NAHA?

No Yes

J. ARE YOU A MEMBER OF ALLIANCE OF INTERNATIONAL AROMATHERAPISTS (AIA)?

No Yes

Must hold current membership in either NAHA or AIA (provide proof of membership with application)

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your reregistration.

Race:

- African American Native American
 Asian White
 Hispanic Other

Age Range:

- Under 25 40 to 49
 25 to 29 50 to 59
 30 to 39 60+

Gender:

- Male
 Female

Candidate Signature

COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.

I have read the Guidelines for ARC™ Reregistration through Continuing Education and understand that I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with the instructions and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____

CREDIT CARD PAYMENT *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: \$

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Expiration date (month/year):

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Card type: Visa MasterCard American Express

Card Number:

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SIGNATURE: _____

FOR OFFICE USE ONLY 0510

Date

Fee:

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CC Check

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