



National Association of Therapeutic Schools and Programs

NATSAP Membership Application

The National Association of Therapeutic Schools and Programs Association of Therapeutic Schools and Programs (NATSAP) is an association of therapeutic schools and programs desiring to:

1. operate with a high level of ethical business practice,
2. protect the dignity of their clients,
3. offer a safe environment,
4. provide quality care,
5. support ethical guidelines, and
6. follow professional standards.

NATSAP is not an accrediting or licensing body.

Membership Application herein is voluntary on the part of the applicant and is designed to offer membership on varied levels for eligible programs and schools desiring to become part of the Association. No guarantees of membership or membership levels are implied by this application.

Upon completion of the application, as noted above, the Membership Committee of NATSAP will review all submitted information and will make a recommendation to the NATSAP Board of Directors related to the awarding or denial of membership and will, upon a program or school's acceptance into membership, note the category of membership per NATSAP membership criteria. Applications received and accepted prior to January 31 of each calendar year will be included in the current year printed directory. Directory information is posted to the NATSAP website, upon acceptance, year round.

All applications and related documents must be signed by the Chief Executive Officer and must include all items from the checklist on [Page 2](#). *Any items missing will result in significant delays in the review process.*

NATSAP reserves the right to refuse membership for any reason including, but not limited to, any past/pending or future legal action taken against any organization affiliated with or applying for membership. It is the responsibility of the organization requesting membership to alert NATSAP of any pending legal issues that may impact the decision for membership.

INTERNATIONAL PROGRAMS

International program/school(s) must submit a letter of reference from a NATSAP member program representative in good standing.

NATSAP Membership Application

CHECKLIST OF ITEMS THAT **MUST** ACCOMPANY YOUR APPLICATION

- ☐ Complete, signed application – must be signed by your Chief Executive Officer

IMPORTANT

Copies of all licenses and/or certifications MUST accompany your application.

Effective May 1, 2007 all programs applying for membership in NATSAP must be licensed (educational accreditation is not accepted as licensure) by the appropriate state agency authorized to set and oversee standards of therapeutic and/or behavioral healthcare for youth and adolescents or accredited by a nationally recognized behavioral health accreditation agency.

The four accrediting agencies we recognize are:

- Joint Commission
- COA
- CARF
- NIPSA - Therapeutic

- ☐ Your mission statement, and/or a statement of major goals and objectives.
- ☐ Ethical Principles, Principles of Good Practice, and Behavior Management (page 4)
- ☐ Program/School Information (page 5, 7 and 7)
- ☐ Program Licensing/Accreditation Information/And Affiliations (page 8)
- ☐ Program Psychotherapy Information (page 9)
- ☐ Program/Contact Information (page 10)
- ☐ Directory Page Template (page 11)
- ☐ Emailed Word or text document of Program Information portion of the Directory Page Template (Email to info@natsap.org)
- ☐ Payment of projected dues. (page 12)
NOTE: If you are submitting your application after January 31st your dues will be pro-rated from the 1st of the month following the date of submission to December 31st. Contact the NATSAP office for assistance before submitting your application and dues.
- ☐ Scan or copy of the license of the supervising clinician

NATSAP Membership Application

Name of Program: _____ is applying for

(check one)

☐ *Full Membership*

Programs/Schools applying for full membership must be open for 2 years or more and must

☐ be licensed by the appropriate state agency authorized to set and oversee standards of therapeutic and/or behavioral healthcare for youth and adolescents or accredited by one or more of the following: JCAHO COA, CARF, NIPSA – Therapeutic

☐ have therapeutic services with oversight by a qualified clinician

☐ aspire to the NATSAP Ethical Principles and Principles of Good Practice

☐ *Associate Membership*

Program/Schools applying for associate membership must be open less than two years and must

☐ be licensed by the appropriate state agency authorized to set and oversee standards of therapeutic and/or behavioral healthcare for youth and adolescents or accredited by one or more of the following: JCAHO COA, CARF, NIPSA – Therapeutic

☐ have therapeutic services with oversight by a qualified clinician

☐ aspire to the NATSAP Ethical Principles and Principles of Good Practice

☐ *Young Adult Affiliate Membership*

Program/Schools that are exclusively designed to work with young adults aged 18 and older:

- unlicensed or non-accredited programs serving an adult population of 18 and older
- therapeutic services implemented by a state-licensed mental health provider
- must aspire to NATSAP Ethical Principles and NATSAP Principles of Good Practice.

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ETHICAL PRINCIPLES, OF GOOD PRACTICE, AND BEHAVIOR MANAGEMENT

Print Name of Program/School

is applying for (*check one*) ☐ Full ☐ Associate ☐ Young Adult Affiliate

Membership in the National Association of Therapeutic Schools and Programs (NATSAP).

I, _____, confirm that our Program/School supports the Mission,

Print Name

Vision, Ethical Principles, Principles of Good Practice, and Behavior Management Guidelines and that our Program/School meets the requirements for (*check one*)

☐ Full ☐ Associate ☐ Young Adult Affiliate

membership in the National Association of Therapeutic Schools and Programs (NATSAP).

Chief Executive Officer Signature

Date

RETURN MEMBERSHIP APPLICATION PACKET TO:

NATSAP

Cliff Brownstein, Executive Director

5272 River Road, Suite 600

Bethesda, MD 20816

Tel: (301) 986-8770 Fax: (301) 986-8772

Email: info@natsap.org website: www.natsap.org

NATSAP Membership Application

PROGRAM / SCHOOL INFORMATION

Application Date: _____

Full Name of School or Program _____

Type of Program (select only one program type; if multiple, select the primary program type)

☐ **Boarding School**

Type (if applicable)

☐ Emotional Growth

☐ Specialized

☐ Therapeutic

☐ **Outdoor Therapeutic Program**

☐ **Residential Treatment Center**

☐ Eating Disorder (if specialty)

☐ **Small Residential Program**

☐ **Specialty Psychiatric & Behavioral Hospital**

☐ Transitional Independent Living Program

☐ Wilderness Program

☐ Young Adult Program

☐ Wilderness Program

☐ Young Adult Program

☐ **Other, please explain** _____

Disclosure of Ownership (identify individuals with ownership in a corporation or LLC):

Financial Affiliations (investment firms, etc): _____

Chief Executive Officer: _____

Year Founded: _____ Date of 1st program participant enrollment: _____

Address: _____

Telephone: _____ Fax Number: _____

Email: _____ Website: _____

(Above information is as it should appear in the NATSAP Directory and on the NATSAP website)

NATSAP Office Use Only

Date Received ____/____/____ Date Approved ____/____/____

Acceptance Letter Sent ____/____/____ Certificate Sent ____/____/____ DB Entry ____/____/____

Posted on website ____/____/____ directory ____/____/____ Email: ____/____/____

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PROGRAM / SCHOOL INFORMATION

What is the length of stay for the average student?

What is your ideal enrollment size?

What is your current enrollment size?

Is your program (please check):

- ☐ Coed
- ☐ Boys & Girls In Single Gender Groups
- ☐ Boys Only
- ☐ Girls Only

What is the age range of the participants
your program serves?

What accredited academic grade levels are available?

Are you a college preparatory school?

☐ Yes ☐ No

Are you approved by the U.S. Immigration and
Naturalization Service to accept foreign students (SEVIS)?

☐ Yes ☐ No

What was your Average Daily Census in the last calendar year? _____

What was the total number of program participants served in the last calendar year? _____

Affiliations

Is your program a member of any regional or national professional organization or association?

☐ Yes ☐ No

If 'Yes', please list which ones (please do not use acronyms):

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PROGRAM / SCHOOL INFORMATION

Enrollment Information and Procedure

Please briefly describe your admission policies and procedures:

Please include names of any tests administered prior to admission or thereafter:

Facilities

Describe briefly, or show a map of, plant and facilities owned by or available to your program:

Do your facilities meet all applicable health, fire, and safety standards ☐ Yes ☐ No

If 'No,' please explain:

Personnel

What procedures do you follow to check the backgrounds of new employees?

Please briefly describe how you provide for the professional growth and continuing education of faculty and staff:

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PROGRAM LICENSING / ACCREDITATION INFORMATION / AND AFFILIATIONS

Licensing /Accreditation Information

Provide your licensing and/or accreditation information (i.e. the name of the appropriate state licensing agency authorized to set and oversee standards of therapeutic and/or behavioral healthcare and/or a mental health accreditation agency). _____

Does the accrediting or licensing agency conduct a site visit? ☐ Yes ☐ No

If yes, how often is the site visit held? _____

Has your accreditation, licensure, or approval ever been revoked under your program's current name or any other name? ☐ Yes ☐ No

If 'Yes', please list which ones: _____

Has your program (or parties affiliated with the ownership) had any past sanctions, licensure/accreditation revocation or criminal conviction? ☐ Yes ☐ No

If 'Yes', please list which ones: _____

Academic Accreditation/ Licensure

Is your program accredited or licensed by any academic agency? ☐ Yes ☐ No

If yes, by whom (*please do not use acronyms*): _____

Professional Affiliations

Is your program a member of any regional or national professional organization or association?

☐ Yes ☐ No

If 'Yes', please list which ones (*please do not use acronyms*): _____

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PROGRAM PSYCHOTHERAPY INFORMATION

Clinical Oversight: Please explain the credentials and licensing information for the clinician who has oversight of your therapeutic services (*please do not use acronyms*): _____

In what state is he or she licensed? _____

Communication: How often and by what means do the therapists communicate with residential life staff and faculty? _____

How often does the therapist communicate with the family? _____

Individual Psychotherapy Services

Do you offer individual psychotherapy? ☐ Yes ☐ No

If yes, how many hours per week do students participate in individual psychotherapy? _____

Group Psychotherapy Services

Do you offer group psychotherapy? ☐ Yes ☐ No

If yes, how many hours per week do students participate in group psychotherapy? _____

Family Psychotherapy Services

Do you offer family psychotherapy? ☐ Yes ☐ No

If yes, how many hours per week do students participate in family psychotherapy? _____

Additional Comments

Please add any additional comments or exhibits that you feel would be helpful in describing the services you provide

Signed: _____ Date _____

Name (Print) _____

Official Position: _____

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PROGRAM / CONTACT INFORMATION

Main Contacts

Executive Director: _____

Telephone Number: _____ Email: _____

Admissions Director: _____

Telephone Number: _____ Email: _____

Contact Person for changes to Directory page: _____

Telephone Number: _____ Email: _____

Alumni Contact: _____

Telephone Number: _____ Email: _____

Clinician providing oversight of therapeutic services: _____

Telephone Number: _____ Email: _____

Contact Person for payment of dues: _____

Mailing address if off site: _____

Telephone Number: _____ Email: _____

Contact Person for the information regarding the following for / from out committees:

Education : _____

Telephone Number: _____ Email: _____

Member Services: _____

Telephone Number: _____ Email: _____

Public Policy: _____

Telephone Number: _____ Email: _____

Public Relations: _____

Telephone Number: _____ Email: _____

NATSAP DIRECTORY PAGE TEMPLATE

Please complete the following information exactly as you want it published in the NATSAP Directory and on the NATSAP website.

PROGRAM/SCHOOL NAME: _____

Type of Program (Check one):

- ☐ Residential Treatment Center
☐ Therapeutic Boarding School
☐ Emotional Growth Boarding School
☐ Outdoor Therapeutic Program

- ☐ Home Based Residential
☐ Wilderness Program
☐ Transitional Independent Living
☐ Young Adult Program

CONTACT

Phone: _____

Executive Contact: _____

Admission Contact: _____

Email: _____

Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: www. _____

PROGRAM OUTLINE

Gender (Check one): ☐ Coeducational
☐ Boys Only
☐ Girls Only

Ages: _____

Grades: _____

Enrollment: _____

Duration: _____

Founded: _____

PROGRAM INFORMATION (MAY NOT EXCEED 300 WORDS.)

Please provide the program description that you want included in the NATSAP Directory and on the NATSAP website. **You MUST include your program mission, appropriate candidates for your program and an overview of your services. The following description should be emailed to info@natsap.org in Word or text format at the same time you submit the completed membership application packet.**

Individual Psychotherapy Available (Check one): ☐ Yes ☐ No

Accreditation, Licensure: _____

Professional Affiliations: _____



NATSAP
July 1, 2013 - June 30, 2014
Dues Invoice

PAYMENT MUST BE RECEIVED BY July 31, 2013 TO BE PUBLISHED
IN THE NATSAP PRINTED MEMBERSHIP PRINTED

Date: _____ Program Name: _____

Address: _____

NATSAP dues are based on a two-tiered structure that includes a Program Fee and a Census Fee. The Board reviews the annual fee amounts annually and any changes are approved as part of the budgeting process.

The Program Fee is set at \$1,605.00 per program. The Census Fee is set at \$33.30 per student based on the program's entire Average Daily Census (ADC) up to a maximum of 130 Average Daily Census (ADC). Programs with 10 or less students do not pay a census fee.

Average Daily Census Calculation

To calculate your dues you need to first determine the last calendar year ADC. Adding the total number of service days provided for all clients in a calendar year and dividing that number by 365 derives ADC. A service day is considered to be all or any portion of a 24-hour period in which you provide service to one client.

Calculate and complete the form below and mail or fax a completed copy with your payment and other required information to the NATSAP Office.

INVOICE CALCULATION

Total Clients Served in 2012 year _____

Base Fee: \$1,605.00 \$ _____

ADC # (for 2012) _____

Census Fee: (if ADC is 10 or less) - 0 -

Census Fee: (if ADC is greater than 10) ADC# (130 max.) x \$33.30 \$ _____

Contribution to 2013 Advocacy Fund \$ _____

Total Invoice* \$ _____

Signature

Date

PAYMENT:

Check is enclosed ☐ Check number _____

Credit Card ☐ Amex ☐ Visa ☐ MC ☐

Credit Card Number: _____

Exp. Date: _____ Card Verification #: _____

☐ Please fax your payment to (301) 986-8772
☐ Or make check payable to: NATSAP
MAIL TO: 5272 River Road, Suite 600
Bethesda, MD 20816

Program License/Accreditation Info (if any):

Licensure/Accreditation Agency Name:	Expiration Date	Type of License/Accreditation
		☐ Therapeutic ☐ Academic
		☐ Therapeutic ☐ Academic
		☐ Therapeutic ☐ Academic

- All late payments will be assessed a 1 1/2% late fee on the principal amount every 30 days until payment is received
- Due to the fact that NATSAP is engaged in lobbying activities at the moment, please note that only 96% of your membership dues for 2013-2014 may be deducted as an ordinary business expense. (Example: If your dues are \$2,000, you may not deduct \$125. You can, however, deduct \$1,848 as an ordinary business expense.)
- * If you have any questions or need help please contact Cliff Brownstein at the NATSAP office at (301) 986-8770 or cliff@natsap.org

For NATSAP Office Use Only: DR _____ CN/CC _____ AMT _____ REC BY _____