

# MEMBER PETITION RETURN TO GOOD STANDING

Re: Reinstatement | Suspended

## RE: Request to Return to Certified Member in Good-Standing

I, \_\_\_\_\_ wish to petition the Athletic Therapy Ontario Board of Directors for reinstatement of my membership. My membership was suspended for the following practice years:  
\_\_\_ 2022      \_\_\_ 2023      \_\_\_ 2024      \_\_\_ 2025      \_\_\_ 2026

Reason Membership for Suspension:

- Reinstatement for Suspension for Non-Payment  
 Reinstatement for Suspension due to Breach of Conduct  
 Reinstatement for Self-Termination

I commit to the payment of:

- Non-Refundable Reinstatement Petition Fee:  
    \$125.00 Reinstatement Processing Fee + HST \$16.25 = **\$141.25** (one time)  
 Annual Membership Fee for each year of Non-Payment:  
    \$266.00 Membership Fee + HST \$34.58 = **\$300.58** (per year)  
 Practice Registration Code Fee (not retroactive):  
    \$50.00 Registration Fee + HST \$6.50 = **\$56.50** (one time)  
 If Reinstatement accepted, ISO-standard Verifiable Digital Credential with Encrypted, Cybersecure, Digital Wallet:  
    \$100 Wallet Fee + HST \$13 = **\$113** (one time)

An invoice for the funds owing will be issued upon review and approval of the petition to reinstate. Please indicate if you would appreciate paying the outstanding fees via staggered payments:

Yes, I would like the Staggered payments       No, I would like to pay all in one invoice

*I accept that until paid in full I am a non-voting Member.  
I acknowledge the Association has waived additional late charges.*

I pledge to:

- Abide by the OSTA Code of Professional Conduct and Ethics;
- Support OSTA's pursuit of statutory regulation for the profession
- Maintain the First Responder and/or BLS-HCP Certificate; and,
- Complete the Coaches Canada (Ontario) Safe Sport Training Certificate.

Declaration of Athletic Therapy (Full Certified) as primary practice for treating and billing:

- I confirm that, in keeping with the provincial practice hour guidelines for health care professionals to maintain a competency level required to meet the practice standards of the professional designation, I practice and bill as an Athletic Therapist 1.000-1.500 hours per year.

## COMMITMENT:

\_\_\_\_\_  
Member Full Name

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member E-Mail

\_\_\_\_\_  
Member Mobile Number

\_\_\_\_\_  
Date