

REFLEXOLOGY EDUCATOR ACCREDITATION

by

A.C.A.R.E.T.

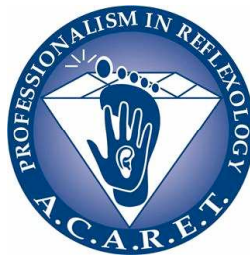
American Commission for Accreditation of Reflexology Education and Training

Application for Accreditation

For a complete overview of the Accreditation Process
read the “*Guidelines For Educator Accreditation*” .

ACARET accredits individuals who meet or exceed the following requirements:

1. A high school diploma, GED or equivalency;
2. ARCB Certified with an ARCB certification number at the time of application
(American Reflexology Certification Board: www.arcb.net);
3. Practiced reflexology for at least three (3) years, averaging 365 client hours per year;
4. Document three class rosters for reflexology classes taught in the previous year.



American Commission for Accreditation of Reflexology Education and Training

1309 Hillcrest Drive Anchorage, AK 99503 Tel. 907-278-4646

Website: www.acaret.org ~ Email: acaret@acaret.org

HOW TO APPLY in 3 STEPS

Step 1: SUBMIT this e-form application by following these instructions:

FIRST: SAVE this document to your computer (In the upper left corner, choose FILE, then choose SAVE AS...). Please save the file with your name, last name first, with no spaces or other punctuation (example: SmithJoe"). Make note of WHERE on your computer you are saving the document so that you can find it later.

TO BEGIN: Click the 'Highlight Fields' button in the upper right hand corner of the document. This will highlight a number of 'fields' where you will type your information directly into the document.

To enter information into a field, simply use your mouse to click inside a field. You can also use your 'Tab' key to move from one field to the next. SAVE the document often and each time you make changes. On completion, click the "Go To Submission Page" button on the last page. You will be taken to the ACARET website for final submission.

Step 2: FAX the following supporting documentation to (727) 213-1942:.

Include a Cover Letter with your full name, email and phone number(s) and label each document in the upper right corner with your name and the corresponding Item #.

- Additional documentation as required under Items B-2, B-3, E-4, E-5 or F-G;
- One form of photo I.D. (Ex: driver's license, passport, etc);
- A business card and/or brochure, if available.

Step 3: MAIL personal check, money order or cashier's check for \$125 USD.

Mail To: **ACARET Treasurer, 1791 Gless Ave, Akron, OH 44301.**

This is a non-refundable application fee and must be received within 2 weeks of submitting this online application. The board review process begins only after receipt of the application fee.

Allow five (5) weeks after payment is received to be notified of the application status. Please notify ACARET of any changes to your contact information.

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Addendums

Continue only if you answer 'yes' to the following questions.

Apply when all requirements are met:

1. Do you have a high school diploma, GED or equivalency?
2. Do you have an ARCB certification number?
3. Have you practiced reflexology for at least three years averaging 365 client hours per year?
4. Do you have three class rosters for classes you have taught?

Date: _____

A. Personal Information

(Last Name) (First Name) (Middle Initial)

(Mailing Address) (City, State, Zip)

(Daytime Phone #) (Evening Phone #) (Fax #)

(Cell Phone #) (Email Address)

Website: _____

Other names known by (personal or business): _____

B. Education Information

Year of High School Graduation: ____ Year of GED completion: ____

Name of School City, State Country

B-1. Please list all non-reflexology education obtained beyond High School level.

Use *Addendum B-1* if more space is needed.

Name of School	
Street Address	
City, State, Zip, Country	
School Website Address	
Name of Contact Person	
School Phone Number	
Email Address of School	
Dates Attended	
Degree/Diploma/Certificate	

Name of School	
Street Address	
City, State, Zip, Country	
School Website Address	
Name of Contact Person	
School Phone Number	
Email Address of School	
Dates Attended	
Degree/Diploma/Certificate	

Name of School	
Street Address	
City, State, Zip, Country	
School Website Address	
Name of Contact Person	
School Phone Number	
Email Address of School	
Dates Attended	
Degree/Diploma/Certificate	

Name of School	
Street Address	
City, State, Zip, Country	
School Website Address	
Name of Contact Person	
School Phone Number	
Email Address of School	
Dates Attended	
Degree/Diploma/Certificate	

B-2. List all reflexology educational training. Use *Addendum B-2* if needed.

FAX copies of transcripts, certificates of attendance or diplomas for each class listed.

Label each with your name and “B-2” in the upper right corner of each document.

Name of School			
Street Address			
City, State, Zip, Country			
School Website Address			
Name of Contact Person			
School Phone Number			
Email Address of School			
Dates Attended			
Degree/Diploma/Certificate		# of training hours	
Name of School			
Street Address			
City, State, Zip, Country			
School Website Address			
Name of Contact Person			
School Phone Number			
Email Address of School			
Dates Attended			
Degree/Diploma/Certificate		# of training hours	
Name of School			
Street Address			
City, State, Zip, Country			
School Website Address			
Name of Contact Person			
School Phone Number			
Email Address of School			
Dates Attended			
Degree/Diploma/Certificate		# of training hours	
Name of School			
Street Address			
City, State, Zip, Country			
School Website Address			
Name of Contact Person			
School Phone Number			
Email Address of School			
Dates Attended			
Degree/Diploma/Certificate		# of training hours	

B-3. Anatomy and Physiology (A&P) training

FAX certificates of attendance, transcripts or course diplomas for each class listed.
Label each with your name and "B-3" in the upper right corner of each document.

Name of School	
A&P Course Title	
Hours of A&P Training	

Name of School	
A&P Course Title	
Hours of A&P Training	

Name of School	
A&P Course Title	
Hours of A&P Training	

Name of School	
A&P Course Title	
Hours of A&P Training	

C. Reflexology Practice. ACARET requires 3 years working experience in the field of reflexology, averaging a minimum of 365 client contact hours per year.

Do you currently have an active reflexology practice? Yes No

Please indicate the number of years you have had an active reflexology practice. _____

How many clients do you currently average in a week? ____ or month? ____ or year? ____
What is your average length of a reflexology session: _____

Is your reflexology practice specialized? (i.e., back pain clientele) please explain below.

D. Teaching Experience: Reflexology and Non-Reflexology

D-1. Reflexology Related Teaching:

How many students have you taught within the past three years? _____

How many courses have you taught within the past three years? _____

Do you teach in a state approved program or school? Yes No If so, explain:

D-1 Continued - Reflexology classes you currently teach or have previously taught.

Use *Addendum D-1* if more space is needed.

Course Title:	<input type="checkbox"/> Currently	<input type="checkbox"/> Previously
Content/description of class:		
Name of school or venue where course is taught:		
Your position:		
Years teaching this material:	Is a class roster available?	
ARCB approved for _____ CEU hours.		
Other certifying agency(s) that provides CEUs for this course:		

Course Title:	<input type="checkbox"/> Currently	<input type="checkbox"/> Previously
Content/ description of class:		
Name of school or venue where course is taught:		
Your position:		
Years teaching this material:	Is a class roster available?	
ARCB approved for _____ CEU hours.		
Other certifying agency(s) that provides CEUs for this course:		

Course Title:	<input type="checkbox"/> Currently	<input type="checkbox"/> Previously
Content/description of class:		
Name of school or venue where course is taught:		
Your position:		
Years teaching this material:	Is a class roster available?	
ARCB approved for _____ CEU hours.		
Other certifying agency(s) that provides CEUs for this course:		

Course Title:	<input type="checkbox"/> Currently	<input type="checkbox"/> Previously
Content/description of class:		
Name of school or venue where course is taught:		
Your position:		
Years teaching this material:	Is a class roster available?	
ARCB approved for _____ CEU hours.		
Other certifying agency(s) that provides CEUs for this course:		

D-3. Describe any non-reflexology teaching experience:

E. Adult Learning Principles and Teaching Methods

E-1. Describe your understanding of Adult Learning Principles ALP)

E-2. Check the following ALP that you use, adding additional notes:

- Learning is self-directed
- Information is immediately applicable for the learner
- Learning is experience based
- Educational activity is based on the identified needs of the learner
- Discussion is encouraged
- Integrate new ideas with personal experiences of learner, relevant to the topic
- Classroom environment is safe where differences are respected
- Nurturing environment fostering freedom for creativity and experimenting
- Learning objectives are clearly identified early in the course
- Productive learning through mutual inquiry and plenty of practice time
- Student input and feedback that help design the program
- Physical comfort is honored with timely breaks, starting and finishing on time
- Student abilities and life achievements are acknowledged, promotion of self-esteem
- Reward positive behavior, value individuality, provide growth opportunity
- Other: Explain _____

E-3. Teaching Methods. Check the teaching methods you use:

- Student practice
- Demonstrations
- Written Materials
- Lecture
- Class involvement and discussion
- Power Point Presentation
- Audio/Visual Other: _____

Teaching strategies mostly utilized: visual auditory tactile participatory

E-4 Class Evaluations. Describe the type of feedback forms you use and why. Scan & email the evaluation form(s) used. *Label as E-4 with your name in the upper right corner.*

E-5. Certificates of Attendance. Scan & email forms or certificates your students receive as proof of attendance. *Label as E-5 with your name in the upper right corner.*

E-6. Record Keeping System.

Briefly describe your system for keeping record of classes, rosters, records of attendance and class evaluations. Explain your filing system, how you store and retrieve information (for example, computerized database, hardcopy filing, binders, etc). How long do you keep records? If a student contacts you several years after attending a class and requests proof of attendance and hours, what is your process to comply?

F. Professional experiences & involvements in the reflexology community

In addition to teaching classes, explain how you help to promote the field of reflexology?
(i.e., held office at state association level, community projects, write articles, etc.)

G. Professional Reflexology Memberships

Provide your ARCB member number: _____

(note: ARCB will be contacted to confirm that you are a current member in good standing.)

Check the associations of which you are a current member:

RAA (Reflexology Association of America)

State Assn: _____

ICR (International Council of Reflexologists)

Other professional reflexology organizations in which you are associated:

If you are currently not an active member of any reflexology organizations, please explain why not? _____

H. ACARET Website Listing for Accredited Educators

Accredited educators are listed on the ACARET website. Contact information is taken from Item A of this application form. Check the following information that you prefer listed on the website:

city and state

business phone number

cell phone number

email address

different address _____

I. Personal History

Have you ever been charged with, convicted of, or plead guilty to a felony which involved a penalty? Yes No

Have you been involved in a malpractice claim? Yes No

If you answered yes to either question, please explain the circumstances below.

Is there anything else that ACARET should consider in your application process? If so, please explain:

J. Agreement

____ I declare that the answers and information contained herein are true and correct to the best of my knowledge. I understand that ACARET reserves the right to conduct and complete background checks to verify information voluntarily submitted on the application for teacher accreditation. I understand and agree to respond to ACARET requests for additional information. I understand that any false information contained within this application may result in rejection, denial or revocation of my teacher accreditation. I have read and agreed to abide by the *Code of Ethics* and all policies and procedures outlined in the *Educator Accreditation Guidelines* and acknowledge that failure to do so shall constitute grounds for rejection of my application or denial or revocation of my accreditation. I understand that the information contained in the application is confidential.

____ I attest that I have read, understand and agree to the above information, and that I have read the policies and procedures outlined in the *Educator Accreditation Guidelines*.

Your Name

ADDENDUM B-1 for additional space.

ADDENDUM B-1: Non-reflexology education after High School

Name of School	
Street Address	
City, State, Zip, Country	
Area of Study	
Dates Attended	
Degree/Diploma/Certificate	

Name of School	
Street Address	
City, State, Zip, Country	
Area of Study	
Dates Attended	
Degree/Diploma/Certificate	

Name of School	
Street Address	
City, State, Zip, Country	
Area of Study	
Dates Attended	
Degree/Diploma/Certificate	

Name of School	
Street Address	
City, State, Zip, Country	
Area of Study	
Dates Attended	
Degree/Diploma/Certificate	

Name of School	
Street Address	
City, State, Zip, Country	
Area of Study	
Dates Attended	
Degree/Diploma/Certificate	

ADDENDUM B-2 for additional space.

Addendum B-2–Reflexology Educational Training

Name of School			
Street Address			
City, State, Zip, Country			
School Website Address			
Name of Contact Person			
School Phone Number			
Email Address of School			
Dates Attended			
Degree/Diploma/Certificate		# of training hours	

Name of School			
Street Address			
City, State, Zip, Country			
School Website Address			
Name of Contact Person			
School Phone Number			
Email Address of School			
Dates Attended			
Degree/Diploma/Certificate		# of training hours	

Name of School			
Street Address			
City, State, Zip, Country			
School Website Address			
Name of Contact Person			
School Phone Number			
Email Address of School			
Dates Attended			
Degree/Diploma/Certificate		# of training hours	

Name of School			
Street Address			
City, State, Zip, Country			
School Website Address			
Name of Contact Person			
School Phone Number			
Email Address of School			
Dates Attended			
Degree/Diploma/Certificate		# of training hours	

ADDENDUM B-3 for additional space.

Addendum B-3 – Anatomy and Physiology (A&P) Training

Name of School	
A&P Course Title	
Hours of A&P Training	

Name of School	
A&P Course Title	
Hours of A&P Training	

Name of School	
A&P Course Title	
Hours of A&P Training	

Name of School	
A&P Course Title	
Hours of A&P Training	

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Name of School	
A&P Course Title	
Hours of A&P Training	