

# 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 Therapy<sup>1</sup> 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:

- participation in a one-day ARC™ item review session = 8 CH
- 10 multiple-choice test questions submitted to PTC = 5 CH
- To participate in an item review session or submit question please contact
- Prior to submitting questions you are required to read (ADD the Name Here) available here
- Questions must be verified with two references located in the textbooks listed in the Candidate Handbook.

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.

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<sup>1</sup> 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.

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.

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, 17th Floor, New York, New York 10018, (212) 356-0660, FAX (212) 356-0678, or [www.ptcny.com](http://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, 17<sup>th</sup> FLOOR  
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**

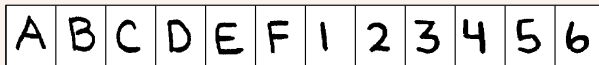
**Credit cards are also accepted. Please complete the credit card section on Page 2 of the Application.**

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

# Application for ARC™ Reregistration through Continuing Education

Please carefully read the directions in the Guidelines for ARC™ Reregistration Through Continuing Education before completing this Application.

**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →



## Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

Mr.  Mrs.  Ms.  Dr.

First Name												Middle Initial				
Last Name														Suffix (Jr., Sr., etc.)		
Home Address - Number and Street														Apartment Number		
City											State/Province		Zip/Postal Code			
Country																
Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)																
Daytime Phone																

## Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

### A. PERCENT OF WORKING TIME CURRENTLY SPENT IN AROMATHERAPY:

- Less than 25%  51 to 75%  
 26 to 50%  More than 75%

### B. PRACTICAL EXPERIENCE IN AROMATHERAPY:

- Less than one year  
 One year  
 2 years  
 3 to 5 years  
 6 to 10 years  
 More than 10 years

### C. PRACTICE SETTING: (Darken all that apply.)

- Self-employed  Industry  
 Hospital/Clinic  Government  
 Research Institute  Association  
 Education  Other  
 Retailers/Wholesalers

### D. AROMATHERAPY TRAINING: (Darken all that apply.)

- 200 hours of level 2 program (REQUIRED)  
 Workshops or seminars  Advanced continuing education  
 On-the-job training  Other

### E. HIGHEST ACADEMIC LEVEL ATTAINED:

- High School Graduate  Bachelor's Degree  
 Some College  Master's Degree  
 Associate Degree  Doctoral Degree  
 Diploma in Nursing  Other

### F. PROFESSIONAL BACKGROUND: (Darken all that apply.)

- Massage Therapist  Pharmacist  
 Registered Nurse  Physician  
 Esthetician  Chiropractor  
 Naturopathic Medicine  Acupuncturist  
 Practical/Vocational Nurse  Complementary Medicine  
 Veterinarian  Other

(Complete Page 2)



# 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**

Date 0510

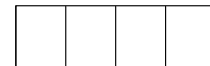
Fee: 

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CC  Check

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# Application for ARCTM Reregistration through Continuing Education

**Directions:** To reregister through continuing education, the candidate must document 100 Contact Hours of (CH) of continuing education **related to aromatherapy practice** and it 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 is not considered as it is not approved as a safe administration method by ARC™.

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- Distance-education courses with a focus on aromatherapy
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- 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 related to aromatherapy

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

- participation in a one-day ARC™ item review session = 8 CH
- submission of 10 multiple-choice test questions submitted to PTC = 5 CH

To participate in an item review session or submit question please contact

Prior to submitting questions you are required to read (ADD the Name Here) available here

Questions must be verified with two references located in the textbooks listed in the Candidate Handbook.

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 RAs are responsible for maintaining continuing education records used for this Application. 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 on receipt of Application and will be requested to document all entries.

**CONTINUING EDUCATION PROGRAMS** (These may include aromatherapy related workshops, seminars, professional development offerings, distance education courses, state or national conferences, academic courses, and test development activities completed within five years. Candidates must have written documentation of the number of completed contact hours. List programs/activities in date order, beginning with the most recent. Print or type all information.)

Mo/Yr of Program	Program, Course, Activity Title or Description	Program Code *	Provider/Sponsor	Contact Hours

\*Program Code: W=Workshop/Seminar C=State/National Conference D=Distance Education T=Test Development Activity A=Academic O=Other

**ENTER TOTAL NUMBER OF CONTACT HOURS : \_\_\_\_\_**

List additional programs on separate sheet of paper, if needed, for 100 hours. Enclose with but do not staple to Application.

**CANDIDATE AFFIRMATION/AUTHORIZATION**

I affirm that all statements given on this Application are true and correct to the best of my knowledge and that the ARC™ is hereby authorized to contact any organization or individual listed hereon to verify my continuing education history.

Signature of RA: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*APPLICATION CHECK LIST\*\***

Pages 1 and 2; completed and signed  
 Page 3, completed and signed  
 Candidate Consent Form: Read and Signed  
 Appropriate Fee enclosed:\$325

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_



**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?
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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.