



## ITEMS TO BE SUBMITTED WITH YOUR APPLICATION

Online Wellness Association is committed to providing a SAFE platform for wellness practitioners of all disciplines to offer services online. Our **OWA Seal of Approval** on your website is an indication of legitimacy and credibility to anyone seeking therapeutic services and products. The term “credentialing” is the administrative process for validating the qualifications of licensed professionals, organizational members, and assessing their background and legitimacy. Our organization holds our members to the highest professional standard of any online credentialing process.

As an applicant, you are requested to provide documentation of your professional licenses and/or certifications, education, training, and experience. OWA verifies the information, checks professional references, and performs a criminal background check via a third party. An ‘Authorization for Release of Information’ form is required for *each* information source. Wherever this application requests information but does not provide sufficient space for a complete response (for example, you have more licenses, specialties, work history, etc.) provide attachments which contain all of the information requested in the relevant section. In order to complete your professional profile, OWA requests the following:

- **A Recent Digital Photograph**

A professional portrait photo in a digital format to appear in our Directory. This photo may be re-sized by OWA as needed. Please submit your photo via e-mail to [owamarsha@comcast.net](mailto:owamarsha@comcast.net).

- **Copies of Credentials**

Photocopies of licenses, certificates, and degrees you have earned which are required to practice and offer services in your profession. OWA staff will contact the source of these credentials for verification.

Please sign an ‘Authorization for Release of Information’ (*rust background in the title areas*) **for each source of your professional credentials.**

- **Four Professional References (within the last five years)**

Please list the names of four individuals who have personal knowledge (within the last five years) of your current abilities, ethical character, and interpersonal skills and would be willing to provide this information upon request. Do not list relatives or personal friends.

Sign an ‘Authorization for Release of Information’ form (*gold background in title areas*) **for each of your references and notify them that they will be contacted by OWA.**

- **Background Check**

A third party company will complete a criminal background check on all applicants. This background check will access police and criminal justice history, which is a matter of public record. OWA will *only* receive communication that you have passed your background check or that the findings require further consideration.

The following felony convictions will **exclude** you from membership, but are not limited to:

- ✓ Pedophilia
- ✓ Domestic Violence
- ✓ Rape
- ✓ Stalking
- ✓ Fraud
- ✓ Technology Related Crimes

Sign a ‘Authorization for Release of Information – Third Party’ form (**blue background in the title areas**).

\*\*Please note: You will be **excluded** from membership if you have lost your license or certification based on ethical misconduct.

▪ **A Brief Biography**

Your personal biography will be used in the OWA Directory to introduce you as a professional, and give the reader a sense of your background and interests. Once your membership is approved, you will be given access to the website to enter your own directory information. Space is limited to 420 words. **However, only OWA staff may add or change your credentials.** Additional profiles may be requested if you are chosen as ‘Member of the Month,’ or for other recognition programs. OWA will assist you in developing your biography, if needed.

▪ **Description of Services and/or Products**

A summary of the services you are offering and their descriptions is important to attract potential new business. If you wish to highlight particular services or expertise, this summary is key to promoting them.

▪ **Contact Information**

Link information to your website, your office location(s), telephone number, e-mail address, etc.

▪ **Completed Membership Application**

Please assist us in processing your membership by filing out your Membership Application form completely. Incomplete information will delay processing of your membership.

▪ **FINAL CHECKLIST – Membership Application Documents**

- \_\_\_\_\_ Completed Membership Application Form
- \_\_\_\_\_ Digital Photo
- \_\_\_\_\_ Copies of Credentials
- \_\_\_\_\_ Four signed ‘Authorization for Release of Information’ forms - References
- \_\_\_\_\_ Signed ‘Authorization for Release of Information’ – Third Party
- \_\_\_\_\_ Signed ‘Authorization for Release of Information’ – Credential Source(s)
- \_\_\_\_\_ Brief Biography
- \_\_\_\_\_ Description of Services
- \_\_\_\_\_ Your website address (if applicable)

**\*\*\*\*Processing of your application for membership will take 4-6 weeks. If you have any questions, please contact the OWA office at (541) 767-6890.**