



# Membership Application

Dear EARS Applicant:

Thank you for your interest in membership with the **European Association of Recovery Specialists for *Interventionists, Recovery Coaches, Sober Companions and other Recovery Specialists***.

Following is the **EARS** Criteria for Membership, description of the Application Process, and Membership Application.

By completing the application process you are agreeing to uphold the mission and vision of the European Association of Recovery Specialists.

## **Our Mission Statement:**

*To raise public and professional awareness of Interventionists, Recovery Coaches, Sober Companions and other Recovery Specialists;*

*To encourage the practice of greater ethics and the implementation of high standards of professionalism, education, training and certification; and*

*To create a safe and collaborative network of like-minded professionals, to explore, support and implement best practices within Europe.*

## **Goal:**

To be represented in every European Country to support our mission statement.

## **Vision:**

The Vision of EARS is that Interventionists, Recovery Coaches, Sober Companions, Recovery Specialists, et al are recognized as an integral part of recovery oriented continuum of care within Europe and Internationally.

Anyone applying for EARS Membership must provide proof of certifications prior to being voted in for membership.



Blitch Marco Vizioli  
EARS Membership Chairperson

Register online via [EARSEUROPE.ORG](http://EARSEUROPE.ORG) ... along with non-refundable payment of €50,00 to receive full application.

Upon receipt of Request for Application, you will receive the Full Application. Once completed, the form, along with supporting documentation, including a signed EARS Code of Ethics, should be submitted to [membership@earseurope.org](mailto:membership@earseurope.org)

Once application has been reviewed and a candidate has been accepted as an EARS Member, you will be required to pay an annual fee of €200,00 - €50,00 (one-time application fee). Total due €150,00 upon acceptance.

**To apply, the applicant forwards the Membership Chair the following:**

- **Application form completed, signed and dated**
- **A non-refundable application fee of 50,00 euros**
- **Signed and dated EARS Code of Ethics**
- **Personal Statement about your Practice and services**
- **2 letters of recommendation**
- **Proof of certification from an accredited organization**
- **Proof of identity, ie. copy of passport, identity card, etc.**

## **Membership process**

1. Membership Committee will review the application for completeness. All incomplete applications will be returned and may be resubmitted within one year, after which an additional application fee will be charged.
2. Upon completion of the review the application is brought to the EARS Membership Committee at the next scheduled EARS meeting to be voted upon for approval or rejection. Upon approval, the Membership Committee Chairperson, will notify the applicant that upon receipt of the membership fee, the applicant will be a member of EARS with annual dues of €200,00 payable one month prior to the end of the one year period (365 days). Memberships are paid on a rotating basis, ie. if Member pays dues in February, the renewal will be issued in January.
3. Renewal process: If annual membership fee is not received within 90 days of expired annual dues membership will be annulled.
4. If the Membership Committee does not approve the application, a member of the Membership Committee will notify the applicant. EARS Membership Committee reserves the right to deny application.
5. Data Protection Act Statement



**EARS Membership Application**

Certification is Required for Membership

Date:

**APPLICANT INFORMATION**

Name:

Company:

Current address:

City:

State:

Country/Zip/Postal  
Code:

Phone:

Mobile Phone:

Email:

*Work Experience Related to **Interventionists, Recovery Coaches, Sober Companions and other Recovery Specialists**, etc. (Where have you worked, when, what duties did you perform?) [Please use a separate piece of paper if necessary.]*

*Training and/or educational experiences related to **Interventionists, Recovery Coaches, Sober Companions and other Recovery Specialists**, etc. (attach docs).*

*Types of Recovery Specialists Services Provided: (for example: Interventions/Recovery Coaching services offered, AOD, Eating Disorders, Sexual Trauma, Gambling, etc.)*

*Geographical Locations (Country where you are based and operate)*

*Other Services Offered/Languages*

*Credentials (Degrees, Licenses, certifications including first year received) Attach copies. (Number of copies included\_\_\_\_\_.)*

*Other pertinent information that would assist your application.*

Submit copy of basic criminal background check & complete CPR/BLS (Basic Life Savings) certificate (attached.)

*References (1 personal and 2 professional)*

<i>Name</i>	<i>Country</i>	<i>Phone</i>	<i>Email</i>

Proof of Current Malpractice INSURANCE amount totaling no less than one million Euros (attach).

*Signature of Applicant:*

*Date:*

*Office Use ONLY*

*Date Received:*

*Application Fee  
Received: Y/N*

*Reviewed By:*

*Approval Status:*

