1. **Organization:** Asociación Haitiana de Trabajadores Sociales (AHATRAS)  
   Association Haitienne des Travailleurs Sociaux (AHATRAS)  
   Haitian Association of Social Workers

2. **Category** (mark the corresponding category)
   - ☐ X Professional Association
   - ☐ Association and Union

3. **Address:** P. O. Box 13042 Delmas / Delmas 33, Rue St-Paul # 3
4. **Telephone:** (509) 42 44 93 77 / 44 38 52 70
5. **Email:** uechaiti@yahoo.ca / unimelbhaiti@gmail.com

6. **President:** Izelle Dubuisson
   
   **General Director:** Jean-Claude Dorsainvil

7. **Date Founded:** June 20, 2010

8. **Are there other organizations or associations in your country?**
   - ☐ Yes (X ☐ No)

   If they exist, what are their names?

9. **Total number of members:**
   
   Categories of members: 1. Members with full rights: 25
   
   a. Professional: 15
   b. Academic: 3

   2. Associated Members 10
Income conditions:  
Yes No  
Social Workers only in the (X ☐) ☐  
Professional Field of Protection Social ☐ ☐  

Other conditions: In the practice of social work.  

Membership Restrictions: social and professional workers only in social work.  

9. Individual Category only in United States Dollars  

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
<th>Total fee amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full rights members:</td>
<td></td>
<td><strong>USD 50.00</strong></td>
</tr>
<tr>
<td>Associated member:</td>
<td></td>
<td><strong>USD 20.00</strong></td>
</tr>
<tr>
<td>Total fee amount in United States dollars:</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

10. Paid Personal:  
Title: 1 Executive Director / 2 Secretaries / 1 Formation Director

11. Duration, modality, and academic level of the professional social workers and Members of the association  

1. Professional License  
Years: 4

2. Diploma / Certificate:  
Years: 2

Is there a registry or an authorization council concerning the practice of social work in you country?  
Yes ☐ No (☐)  

If yes, is it an association involved in a registration/approval process?  
Yes ☐ No ☐  

If yes, does this association participate in the approval of academic courses?  

12. Does your association have its own ethics code?  (☐) Yes    (☐) No

13. **Publications**
Frequency: Not applicable

14. **Attach the following documents** (if available)
   a) Documents of incorporation (Constitution)
   b) Bylaws
   c) Ethics code
   d) Other documents: Description
   e) Last annual report:
   f) Last financial report
   g) Application letter

15. **Other optional information if considered appropriate.**

**List of Executive Committee Members**

1- Izelle D Dubuisson, Présidente
2- Jean-Claude Dorsainvil, Vice-Président
3- Euguens Femine, Secrétaire Général
4- Esther Dorcinvil, Secrétaire Générale Adjointe
5- Wilder Dubuisson, Trésorier
6- Jean Rica Florestal Conseiller
7- Wimelange Germain, Conseillère

**Person completing the application**

Name: Izelle Dubuisson D
Title: President of AHATRAS

Date: January 28, 2015  Signature: **Izelle Dubuisson D**