



### Application For Certification Form

Dates: \_\_\_\_\_ Certification Location: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Instructions for Certification Candidate:

1. Complete this form (pages 1, 2 and 3). Print legibly, using black ink only.
2. Forward this form to your Advanced Practicum Supervisor. He/she will complete and sign the Co-Verification portion (page 4), and return it to you for your review.
3. Submit the completed form (all 4 pages), along with any balance of fees due to the person organizing the certification training.

#### 1. Candidate Information:

M  F  First Name for Name Tag: \_\_\_\_\_

Formal Full Name for Certificate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Country (outside of U.S.): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

We do provide a list to each participant of all Certification attendees with their phone numbers, email & mailing addresses. If you don't wish to share one of these pieces, please comment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_

Please describe your job and explain how you use CT/RT & LM in your daily relationships and tasks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Training History:

Basic Intensive Training Instructor: \_\_\_\_\_ Dates: \_\_\_\_\_

Basic Practicum Supervisor: \_\_\_\_\_

Advanced Intensive Training Instructor: \_\_\_\_\_ Dates: \_\_\_\_\_

Advanced Practicum Supervisor: \_\_\_\_\_

#### 3. Payment Information:

Total Tuition Fee is \$500.00 (in U.S. funds only) I am enclosing my balance in the amount of \$ \_\_\_\_\_

U.S. Bank Check  U.S. Money Order/U.S. Bank Draft  Visa/MasterCard/Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**For Institute Office Use Only:**

Date Received: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_ Check/M.O./Card Authorization #: \_\_\_\_\_





# Application For Certification Form

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**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Instructions:

1. Complete pages 1-3 of this application and forward them to your APS.
2. Your APS will complete this page, sign in and return it to you.
3. Return the completed application to the organizer of the certification training along with any fees.

**1. Advanced Practicum Description:**

Advanced Practicum Supervisor Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
I supervised the candidate in:  Individual Practicum  Group Practicum  
Dates (DD/MM/YY) and Contact Hours: \_\_\_\_\_

**2. Qualitative Assessment:**

Please help us better understand this candidate. We are looking for important details in order to place him/her into the right working group. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe this candidate is ready to attend Certification:  Yes  No

Areas that need improvement are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_