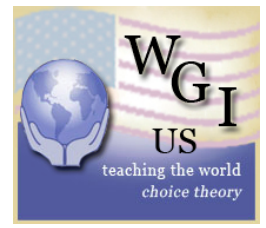


Certification Application and Practicum Supervisor Co-Verification Form

Cincinnati, Ohio
August 2-5, 2014



Midwest Region

Instructions for Certification Candidate:

1. Complete this form (pages 1-3). Print legibly, using black ink only.
2. Forward the entire 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. Send a copy of page 1 to WGI Midwest Region with a \$100.00 deposit to hold your space in the training.
4. Submit the completed form(all 4 pages) along with any balance of fees to WGI Midwest at the address listed at the bottom of the page on or before July 1, 2011 .

Candidate Information

M F First name for name tag: _____

Formal full name for certification _____

Mailing address _____ City _____

State or province _____ Zip or Postal Code _____

Country _____ Home phone _____

Work phone _____ Fax _____

Email _____

We do provide a list of each participant to all Certification attendees with their home phone numbers, email and mailing addresses. If you do not want to share one or more of these, 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:

Training History

Basic Intensive Training Instructor: _____ Dates: _____

Basic Practicum Supervisor: _____

Advanced Intensive Training Supervisor: _____ Dates: _____

Advanced Practicum Supervisor: _____

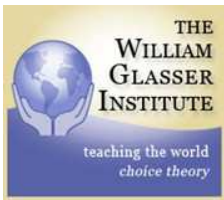
Payment Information

Total tuition fee is \$585.00 (US). A \$100.00 deposit is due to the address below at time of application. Final payment is due by July 1, 2011 . I am enclosing \$ _____. Payments are to be made to William Glasser Institute-US Midwest by US bank check, US money order/US bank draft.

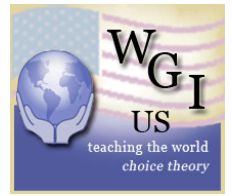
Signature _____ Date _____

For office use only:

Date received: _____ Amount Received: _____ Balance Due _____ Method of Payment _____



Certification Application and Practicum Supervisor Co-Verification Form



Cincinnati, Ohio
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Midwest Region

Working Groups/Role-Plays

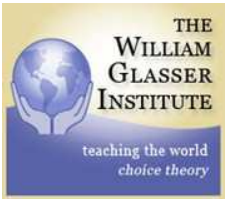
Please share with us your ideas of a quality Working Group that would best meet your needs. Also, describe some specific aspects of role-play situations you would like to do during Certification.

Self-Evaluation: Readiness to Attend

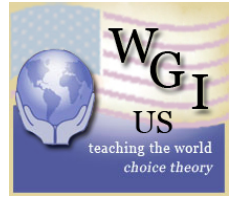
A necessary component in the certification application process is the completion of a self-evaluation. Complete this section with your Advanced Practicum supervisor.

Co-Verification by participant. I believe I am ready to attend Certification for the following reasons:

Candidate Signature _____ Date _____



Certification Application and Practicum Supervisor Co-Verification Form



Cincinnati, Ohio
August 2-5 2014

Midwest Region

Practicum Supervisor Co-Verification Form

Instructions to Practicum supervisor:

1. Read the material submitted by the candidate and complete this form. Please give as much information as possible. You may use additional space if needed.
2. Sign this page, and return the application to the candidate, who will then forward all of it to WGI Midwest Region. Deadline for the candidate to complete registration is July 1, 2011 .

Advanced Practicum Information

Advanced Practicum Supervisor's name _____

Daytime Phone _____ Evening Phone _____

I supervised candidate in Individual Practicum Group Practicum

Dates (DD/MM/YY) and contact hours _____

Qualitative Assessment

Please help us better understand the 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 _____