



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 #: _____

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4. Certification Preparations

◆ Goals

Please discuss your goals for Certification, listing below the three most important things you hope to learn/accomplish at Certification. _____

◆ Plans

Please explain what you will do in order to achieve the goals you have listed for Certification. Please be specific in your plan for achieving these goals. For example, "I plan to bring a list of key questions with me to Certification", or, "I plan to read Fibromyalgia", etc.

◆ Certification Presentation

What is the planned title of your presentation? _____

Please describe your presentation. _____

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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.

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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:** _____