

Application for TI & CTI Certification in Progressive Counting

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Highest Degree Earned: _____

Profession & State/License #: _____

- Copy of certificate of completion of PC training (from one of TI & CTI's qualified PC training programs)
- Copy of Consultant Endorsement (from one of TI & CTI's approved PC Consultants)
- Copy of your License, Registration or Certification for independent mental health practice
- Documentation of completion of one of the qualified distance learning programs
- Documentation of completion of 15 (or more) PC Group Consultation hours (provided by TI & CTI approved PC Consultant/Trainer) – not required if you completed the Certificate Program

I have completed at least 30 PC sessions with clients. I have read and agree to adhere to my profession's Professional/Ethical Code of Conduct, as represented by the relevant professional association (APA, NASW, etc.), regardless of my membership status in that association.

_____ (initials)

Application accepted with full payment only. Check MasterCard Visa

Card # _____ Exp. Date _____ Sec. Code _____

Name and billing address/phone for credit card, if different than above:

Certification, Refunds, Etc: I have reviewed and accept the complete TI/CTI Policies statement at:

<http://www.childtrauma.com/policies>

Total Amount Enclosed: \$250.00 Signature _____

Mail to: TI & CTI, 285 Prospect St., Northampton, MA 01060

Or scan all materials and E-mail to: cti@childtrauma.com with the subject header, "PC Certification Application".