

The Center for Relationship Training & Recovery

13885 Hedgewood Drive
Suite 349
Woodbridge, VA 22193
800-799-1212
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APPLICATION

Basic Clinical Training - Imago Relationship Therapy

This 12 day Clinical Training Program consists of 96 hours of training. CEUs are available. Please see payment information and credential requirements below.

I am pursuing the Clinical Track (for those seeking certification) Educational Track

Dates: Session 1 _____ Session 2 _____ Session 3 _____
I attended a 20 hr. couple's workshop: City _____ Date _____ Presenter _____

Applicant's Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____

For Clinical Track: Estimate the extent of your clinical experience in the modalities listed below: (Ex. Individual, 4 yrs.).

Individual _____ Est. Years Couple/Relational _____ Est. Years
Family _____ Est. Years Group _____ Est. Years

Estimate the total number of hours of supervision of your clinical work _____.

Estimate your current caseload: Individual _____ hours per week Couple/Relational _____ hours per week
Family _____ hours per week Group _____ hours per week

Please describe your personal growth experience and therapy modality (ex: Group 2 years).

Individual _____ Number of years Couple/Relational _____ years
Family _____ Number of years Group _____ years

Briefly describe your experience with couple's therapy: _____

Professional associations you currently hold membership in: _____

Degrees and accrediting Institutions: _____

Have there been any malpractice suits or complaints filed against you? No _____ Yes _____

(If yes, attach a separate sheet with comprehensive details and resolution.)