

The Center for Relational Training & Therapy

Dominion Professional Center
1388 Old Bridge Road
Woodbridge, VA 22192
800-799-1212
703-492-7768 (fax)



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.)

The Clinical Training Program is designed for mental health professionals with a current practice which includes "couples" work. Its primary purpose is to provide therapists with a profoundly growthful training experience that will serve as a genesis to higher and higher levels of competence and expertise in working with the gamut of relational disorders.

In order to register for the program, you must possess the following credentials:

- ❖ **Have attended a 20-hour couples' workshop led by a Certified Workshop Presenter.**
- ❖ **Have a graduate degree in a related field (MSW, M.Div., etc.).**
- ❖ **Have 300 hours of post-grad. supervision (1/2 must be one-on-one). Supervision is defined as hours spent with a supervisor, not number of clinical hours supervised. Send name and address of supervisor(s) and written recommendations of supervisor, if supervised within the past 5 years.**
- ❖ **Have a significant number of hours in clinical and supervised work with couples.**
- ❖ **Have a current practice which includes couples work.**
- ❖ **Be a member of a national professional organization with accreditation requirements that include clinical and supervised hours, or meet equivalent requirements by state licensure, or describe and document your current supervision history.**
- ❖ **Curriculum Vitae**
- ❖ **Recent 3 x 5 photo (optional: for web site purposes only).**
- ❖ **Two letters of recommendation from professionals who are familiar with your work.**
- ❖ **A non-refundable \$500 deposit sent directly to Imago Relationships International. (Note: if you are not accepted into the program, your deposit will be refunded less a \$100 administrative fee.)**
- ❖ **Send a completed application form, a copy of your professional license and a copy of your graduate degree in the mental health field.**
- ❖ **Send a copy of the facing page of your professional liability insurance with policy number.**

Each application is reviewed by Mike Borash on its own merit. If you cannot include all of the above information, or meet all of the above criteria, please attach a cover letter to your application which addresses the exceptions. A personal interview with any applicant may be requested.

Logistics: When your application has been accepted, you will receive an admissions packet which includes your pre-course assignments and bibliography. You must attend all course work hours to be eligible for certification. Please note that the trainee is responsible for prepaid travel arrangements.

Tuition: The tuition for this course is \$2,500. A \$500 deposit is required and paid directly to Imago Relationships International., 335 Knowles Ave., Winter Park, FL 32789. The balance, with application, is payable to Michael H. Borash, LPC. Payment plans are available. Contact Colleen Hayes, Office Manager for payment options and any questions.. Registration fees are subject to change without notice.

Cancellation

Policy: If you cancel 30 days or more prior to the starting date of the training program, your registration fee will be refunded less a \$100 administrative charge. If you make arrangements to do so at least 30 days prior to the start of the training, you may apply your deposit to another scheduled program once at no charge. If you cancel within 30 days of the program or do not show on the first scheduled date of training, your registration fee will be applied to the next available program.

I have read and accept the terms of the above cancellation policy.

Signature (required) _____ Date _____

For credit card registration: (Please print your name) _____

↑ MasterCard ↑ VISA ↑ AmEx Amount _____ Card # _____ Exp. Date _____

Signature (required) _____

**Please e-mail or snail mail registration and appropriate documentation to:
chayesbusiness@yahoo.com or
Michael H. Borash, LPC, P.C. (Attn: Colleen Hayes, Office Manager)
1388 Old Bridge Road, Woodbridge, VA 22192, USA**