APPLICATION FOR CERTIFICATION AS **TFP TEACHER AND SUPERVISOR**

Date:

Name:

E-mail address:

Office address:

Office or cell phone number:

Local TFP group:

Professional credential (e.g., M.D., Ph.D. Master’s):

Member of the ISTFP since:

*(TFP teachers and supervisors must be ISTFP members.)*

Please send a copy of your license to practice and/or resumé or CV.

Please list:

1. **Didactic training in TFP (courses, seminars, workshops)**
2. Institution and faculty:

1. Dates:

1. Number of hours: \_\_\_\_\_\_\_\_\_

1. **Experience in Supervision - please specify:**
2. If the supervision was individual or group and, if group, the number of supervisees in the group:

1. How frequently the group met:

1. The number of hours of supervision you attended: \_\_\_\_\_\_\_\_\_

1. The number of hours in which you presented your cases:

1. The names of the supervisors you have had:

1. The number of cases you presented and the length of time each case lasted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you asked your last supervisor his/her opinion about your readiness for the certification exam to become a teacher-supervisor?
3. **Experience co-teaching and co-supervising - please specify:**
	1. The name of the teacher you did co-teaching with, and the duration (number of hours) of your co-teaching: \_\_\_\_\_\_\_\_\_

* 1. The name of the supervisor you did co-supervision with, and the duration (number of hours) of your co-supervision: \_\_\_\_\_\_\_\_\_

Please send this application form (preferably by e-mail) to the chair of the Training and Education Committee:

*Nel Draijer, PhD*

*E-Mail:* draijerdelouw@hetnet.nl and/or neldraijer@gmail.com

+31 6 41146732

as well as to the secretary of the Training and Education Committee*:*

*Irene Sarno, PhD*

*E-mail: irene.sarno@gmail.com*