APPLICATION FOR CERTIFICATION AS  
**TFP THERAPIST** BY THE ISTFP CERTIFICATION BOARD[[1]](#footnote-1)

Date:

Name:

E-mail address:

Office address:

Office or cell phone number:

Local TFP group (if any):

Professional credentials (e.g., MD, PhD, Masters): \_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The number of hours in which you presented your case:

1. The names of the supervisor(s) you have had:

1. The length of time your case lasted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you asked your last supervisor his/her opinion about your readiness for the certification exam? \_\_\_\_

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

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

*Irene Sarno, PhD*

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

1. [↑](#footnote-ref-1)