APPLICATION FOR **TFP TEACHER AND SUPERVISOR CURRICULUM**

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)*

TFP therapist’s exam (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send:

1. a copy of the ISTFP certificate as therapist.
2. written statement about the candidate´s expertise and suitability to become a TFP teacher & supervisor by your former supervisors
3. endorsement from the chair of your regional group

Please send this application form (by e-mail) to the chairs of the Training and Education Committee by March 5 2025:

Prof. L. Valenciano, MD lsvalenciano5@gmail.com

Dr. Irene Sarno, PhD irene.sarno@gmail.com