



Application for Certification

Directions: please print or type this form. It is important to be thorough and provide all relevant information requested in each section. Your application is not complete until all required supportive data and letters of references have been received.

This application is for certification as: (check appropriate box)

- Level I Past Life Therapist
- Level II Past Life Therapist
- Level III Past Life Therapist
- Level IV Past Life Therapist

- Level I Both PL Therapist & Past Life Researcher
- Level II Both PL Therapist & Past Life Researcher
- Level III Both PL Therapist & Past Life Researcher
- Level IV Both PL Therapist & Past Life Researcher

Number of years you have practiced past life therapy: _____ Full Time or Part Time

Number of years you have conducted past life research: _____ Full Time or Part Time

1. Personal Data

Name (last, first, middle initial):

Address: _____

Telephone (home): _____ (work) _____

E-mail address: _____

Web site (if you have one): _____

2. Preparation to work with an altered state of consciousness

Please describe your preparation to work with altered states of consciousness. List all courses, seminars and other training experiences. (Attach additional sheet, if necessary).

Dates (from – to):

Name of school, course, program, name of facilitator:

Location:

Contact hours:

Name of course, modality taught and description of course content:

Please include with this application photocopies of any diplomas or certificates of completion.

In which of the following modalities have you been trained? (check all which apply)

classical hypnosis Ericksonian hypnosis NLP guided imagery relaxation techniques other
List any other altered state modalities in which you have had training.

3. Preparation to Conduct Past Life Regression Therapy

Please describe your preparation to work with past lives/regression work. List all courses, seminars, conference workshops and other relevant training experiences. (Attach additional sheet if necessary).

Date(s) from-to:

Name of school, program, course, facilitator:

Location:

Contact hours:

Name of course, modality taught and description of course content:

Please include with this application photocopies of any certificates of completion.

If you have written in the field or given courses or workshops, or have other information which might assist the Board in assessing your preparation, please attach a supplemental statement.

4. Academic Record – post high school, starting with the most recent

School:

Location:

Dates attended:

Degree or credit received:

Major:

Please include photocopies of any diplomas to this application.

5. Current Professional Memberships

Name of organization:

Mailing address:

Date joined:

Honors received/offices held:

Please attach to this application photocopies of any certificates of membership

6. References

Names and addresses of three (3) persons whom you have requested to complete an IBRT reference form. These are to be completed and returned directly to IBRT by the persons completing them.

| <u>Name:</u> | <u>Position held</u> | <u>Address</u> | <u>Telephone number</u> |
|--------------|----------------------|----------------|-------------------------|
|--------------|----------------------|----------------|-------------------------|

1.

2.

3.

I have designated these to be considered as open closed references.

7. Licensure or Professional Certification

Please list any licensure or other professional certification you currently hold and attach photocopies.

| <u>Type</u> | <u>Issued by</u> | <u>Date issued</u> | <u>Number</u> | <u>Date of expiration</u> |
|-------------|------------------|--------------------|---------------|---------------------------|
|-------------|------------------|--------------------|---------------|---------------------------|

Please include any additional information which you feel might be germane to your application for certification.

Attest:

I hereby certify that all information contained in and attached to this application form is a true and accurate representation of my qualifications. I understand that falsification, misrepresentation or deliberate deception will be considered sufficient grounds for immediate revocation of my certification by the Board. I have received a copy of the Standards of Ethical Conduct and Practices and, if certified by IBRT, agree to conduct my practice in accordance with its provisions.

Signature: _____ **Date:** _____

Be certain to include:

Required:

- Two recorded tapes or CDs of past life sessions conducted by you with subjects who have signed an informed consent form for their release to IBRT. I agree to provide photocopies of same, if requested. [Note: graduates of IBRT-accredited training programs need submit only one recorded session].
- Photocopies of diplomas, certificates of completion, licenses, and other verifying documentation.
- Check or money order (or payment on our web site through PayPal) to cover the costs of processing this application (non-refundable) and certification fee for two years (refundable if your application for certification is not accepted by IBRT).

Fees:

\$75 application fee plus first 2 year's certification fee of \$190 (2x\$95) – Total = \$265.00 [Note: graduates of IBRT-accredited programs are certified for 3 years).

Optional:

- A copy of your professional resume
- Supplemental statements to assist in the evaluation of your qualifications.

Please send completed application to: International Board for Regression Therapy
3746 Mt. Diablo Blvd. Suite 200
Lafayette, CA 94549

For Board Use Only – Do not write below this line.

- Completed application received on: _____ Check No. _____ Amount \$ _____
PayPal payment \$ _____
- Evaluation – Phase I completed on: _____ by _____
- Evaluation – Phase II – Board examination
Written
Site: _____ Date: _____ Passed yes no
- Certification approved on: _____ Certificate No. _____
- Certification not approved on: _____

Comments/remarks: