

The Gottman Institute

CERTIFICATION TRACK APPLICATION CHECKLIST

Please be sure that you've included all of the following in your application packet:

Certification Track Application Checklist

Certification Track Application

Certification Track Payment

Consultant Request Form

Certification Track and Consultation Contract

Harassment Policy and Procedure Receipt Confirmation

Certification of Completion for Level 1: Bridging the Couple Chasm (Live or Home Study)

Certification of Completion for Level 2: Assessment, Intervention, and Co-Morbidities (Live or Home Study)

Certificate of Completion for Level 3: Practicum Training

Resume/CV

Copy of license or certification documentation within your state or country of practice

Proof of Membership in one of the following organizations:

- Royal Australian College of General Practitioners (RACGP)
- Royal Australian & New Zealand College of Psychiatrists (RANZCP)
- Australian Health Practitioners Regulation Authority (AHPRA)
- The Australian Association of Social Workers (AASW)
- Australian Counseling Association (ACA)
- Australian and New Zealand Association of Psychotherapy (ANZAP)
- Endorsement as a psychiatric nurse practitioner by the Nursing and
- Midwifery Board of Australia (NMBA)

Letter of Recommendation #1

Letter of Recommendation #2

Please ask two professional references to write on your behalf answering the following questions. Letters should be no longer than a page.

1. How do you know the applicant? How long?
2. Briefly describe any skills, qualifications, strengths, characteristics that you can attest to.
3. Do you have any knowledge of any complaints or actions taken against the applicant?

CERTIFICATION TRACK APPLICATION

APPLICANT CONTACT INFORMATION

Name

Street Address

City

State/Prov.

Zip/Postal Code

Country

Home Phone

Work Phone

Email Address

Degrees

Languages used in therapy

CLINICAL OUTPATIENT EXPERIENCE

List areas of clinical experience and expertise (if applicable):

Trauma/PTSD

Domestic Violence

Substance Abuse

Other:

EXPERIENCE AND TRAINING HISTORY

Tell us about your experience and training:

Hours of therapy experience (approximate):

Individual:	0-100	101-500	501-1000	1001-5000	5000+
Couples	0-100	101-500	501-1000	1001-5000	5000+

Hours of post-degree Gottman Method Therapy experience (approximate):

0-100	101-500	501-1000	1001-5000	5000+
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PROFESSIONAL LIABILITY QUESTIONNAIRE

All information checked herein is accurate to the best of my knowledge under the penalty of perjury.

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|--|------------|-----------|
| I have a Master's or doctoral degree in a mental health field. | Yes | No |
| I am licensed or certified for independent practice (supervision not required) as a mental health professional in the state, province, or country in which I practice. | Yes | No |
| I carry professional liability insurance with a minimum amount of coverage of 1M/3M. | Yes | No |
| I have not been convicted of a misdemeanor or felony. | Yes | No |
| I have never had any licensing board or professional ethics body require me to surrender my license or been found guilty of a violation of ethics code, professional misconduct, unprofessional conduct, incompetence or negligence in any state, province or country. | Yes | No |
| I do not have any complaints, charges, or investigations pending against me by any licensing board or professional ethics body for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state, province or country. | Yes | No |
| I have never had any insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance. | Yes | No |
| I have never had any professional liability claim or suit against me. | Yes | No |
| I am not aware of any circumstances which may result in any professional liability claim or suit being made against me. | Yes | No |
| I am not engaged in any sexual misconduct with any of my current or former patients or any current or former patient's spouse or any person with a direct relationship to the patient or former patient. | Yes | No |
| I have added the following statement to the disclosure statement I give my clients:

<i>"While I have taken training in the Gottman Method Couples Therapy, I want you to know that I (or my agency, if applicable) am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive."</i> | Yes | No |
| I will notify The Gottman Institute in writing within 30 days if any of the above information or answers change. | Yes | No |

If you cannot certify any of the above statements, please send a written explanation including a description of the circumstance(s) and date(s) to The Gottman Institute at training@gottman.com.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an applicant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)

Signature

Date

Digital Signature

THE GOTTMAN INSTITUTE POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or physical ability.

Thank you for completing this application form.

Please return this application to: ATTN: Certification Track

The Gottman Institute
2101 4th Avenue, Suite 1750
Seattle, WA 98122

CERTIFICATION TRACK PAYMENT

Please return this payment form along with your completed application materials. If you have any questions about the Certification Track, please contact the Professional Development Department at training@gottman.com or 1-206-523-9042 ext 102

PARTICIPANT CONTACT INFORMATION

Name

Address

City

State/Prov.

Zip/Postal Code

Country

Phone

Email

Fee: \$675 (Non-Refundable)

PAYMENT OPTIONS (CHOOSE ONE)

Please do not send cash - all payments must be in U.S. Funds

Option 1: Payment in full

By check (payable to The Gottman Institute)

By bankcard: I authorize my credit card to be charged for \$675

Option 1: Installment Payment

Bankcard only: two payments totaling \$675 (\$337.50 each payment). The first installment will be charged when you receive your Consultant assignment. The second installment payment will be charged approximately 30 days after.

I authorize my credit card to be charged for two payments of \$337.50, totaling \$675.00

I am Paying with enclosed check or

I am paying with (circle one): Visa Mastercard AmEx

Card Number

Exp Date

Name as it appears on card (please print)

Signature

Date

Office Use Only

SFA#

Date

Initials

Other

CONSULTANT REQUEST FORM

We will select a Consultant for you based on your preferences, Consultant availability, specialty, and other factors.

PARTICIPANT CONTACT INFORMATION

Name

Phone

Email

I would prefer:

Male Consultant

Female Consultant

No preference

Group Consultation

Individual Consultation

Combination of Group & Individual Consultation

List up to three (3) people with whom you might like to be in a group (if applicable):

1.

2.

3.

If you have a consultant preference, please list your top 3 choices here:

1.

2.

3.

Specific areas of interest/specialty important to you:

For office use only:

CERTIFICATION TRACK & CONSULTATION CONTRACT

I have read in its entirety the Certification Policies, Terms and Conditions, which serves as the agreement between The Gottman Institute, my assigned Consultant, and myself, for the duration of my association with The Gottman Institute as Consultee in the Certification Program of The Gottman Institute. My signature below represents that I understand and agree to the terms described herein and wish to proceed in entering the Certification Track program and consultation process with The Gottman Institute and my assigned Consultant.

Consultee:

Signature	Date
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Print Name	
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Phone	Email
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Consultant:

Signature	Date
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Print Name	
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TGI Representative:

Signature	Date
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Print Name	
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HARASSMENT POLICY & PROCEDURE

Designee Recipient Confirmation

I acknowledge receipt of the applicable part of The Gottman Institute's Harassment Policies and Procedures and the designee who I can contact for questions or more information:

Recipient:

Print Name

Signature

Date

TGI Representative:

Print Name

Signature

Date

Your categorization is (check all that apply):

Consultee

Workshop Attendee

Consultant

The Gottman Institute's Employee

The Gottman Institute Copy

The Gottman Institute, 2008
GARVEY SCHUBERT BARBER LAW