

Certified TEAM Therapist: Level 3

Application Form

This application must be completed after meeting the full requirements listed on "Certification Requirements and Rewards" overview sheet. Complete the application while referencing the overview sheet at www.feelinggoodinstitute.com/certification

Application Date: _____

Name: _____

Degree(s): _____

License Number: _____

Professional/Public Address: _____

Professional Phone: _____ Professional Email: _____

Professional Website (for posting): _____

Name and degree(s) as you would like written on your Certificate of Achievement:

Listserv Information:

Were you added to the Feeling Good Institute (FGI) Certification Listserv when Certified at Level 1 or 2?

_____ yes _____ no _____ not sure

If you answered "no"/"not sure," would you like to be added to the listserv now? _____ yes _____ no

Listing on FGI Website:

If approved for Level 3 Certification, would you like FGI to list your full name, degree, and contact information on the FGI website. _____ yes _____ no

Please be sure that contact information listed on this form is consistent with information you want publicly listed.

Requirement 1: Complete requirements for part a or b:

Please mark which requirement you have fulfilled and fill in relevant hours below.

- a. 5 hrs individual (1:1) training *plus* 25 hrs of group training with a Trainer **or**
 b. 10 hrs individual (1:1) training with a Trainer

Individual Training Received:

| Date Range | Hours | Certified TEAM Trainer | Signature of Trainer |
|------------|-------|------------------------|----------------------|
| | | | |

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| | | | |
|--|--|--|--|

Total Hours Individual Training Received: _____

Group Training Received:

| Date Range | Hours | Certified TEAM Trainer | Signature of Trainer |
|------------|-------|------------------------|----------------------|
| | | | |

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| | | | |
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Total Group Training Hours Received: _____

Requirement 2: Use of Forms

Provide the following forms for 5 patients over the course of TEAM therapy, starting with the intake or first session and continuing through to the 10th session or until the patient finishes therapy, whichever comes first:

- a.) Brief Mood Survey (BMS)
- b.) Evaluation of Therapy Session (ETS)

Submit the above forms (with patient identifying information removed) *and* a summary form called the “Documentation of Testing Scores (DTS)” form. These forms should also be shown to your TEAM Trainer during the course of individual training. (Form located under FAQ section of www.feelinggoodinstitute.com/certification)

Requirement 3: Readiness to Take Oral Exam

By signing below, the Certified TEAM Trainer verifies her/his perception that this applicant has demonstrated skills that may indicate the applicant is adequately prepared to take the Oral Exam.

Certified TEAM Trainer

Signature of Trainer

Date Approved

Requirement 4: Passing of the Oral Exam

Please list the date and Names of Examiners. Examiners will submit your scores directly to FGI.

Date of Exam

Names of Examiners (Two Certified TEAM Trainers)

Requirement 5: \$200 (USD) fee

Applicants outside of the USA: Please pay online at www.feelinggoodinstitute.com/certification

Applicants within the USA: Please pay online at www.feelinggoodinstitute.com/certification, provide credit card information below, or submit a check (from a USA bank) written to “Feeling Good Institute.”

To Submit Credit Card Information with paper application:

Circle one (Visa or Mastercard only): Visa Mastercard

Credit Card Number: _____ Expiration Date: _____

3 Digit CVV Code: _____ USA Billing Zip Code: _____

I certify that I have met all requirements for Level 3 of the TEAM Therapy Certification Program. I understand that the TEAM Therapist Certification Program is intended to provide quality training to clinicians interested in providing TEAM Therapy. I understand that certification in TEAM therapy requires licensure as a mental health or medical provider. I understand that Certification at Level 3 is active for a five year period and that maintenance of certification requires ongoing training and practice of TEAM Therapy. I understand that all training received by a TEAM Trainer (in individual or group format) does not constitute clinical supervision; that is, neither the TEAM Trainers nor FGI assume responsibility for my clinical cases or clinical decision-making.

Signature

Date

Checklist of items to mail:

- Application Form with all Signatures and Dates
- De-identified copies of BMS, ETS, and Documentation of Testing Scores (DTS) form.
- Payment or proof of online payment confirmation

Submit materials via USPS to: Feeling Good Institute, Attn: Angela Krumm, PhD, Certification Lead, 2660 Solace Place, Suite A, Mountain View, CA 94040, USA *or* scan materials (in one continuous document) and email to Certification@FeelingGoodInstitute.com. *Please do not request postal signature confirmation on mailed materials.*