

## Certified TEAM Therapist and Trainer: Level 4

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### 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](http://www.feelinggoodinstitute.com/certification).*

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Degree(s): \_\_\_\_\_

License Number: \_\_\_\_\_

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***The following information will be used for your expanded Level 4 website profile:***

Professional/Public Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

List 4-6 clinical specialties to include in your profile (please see samples under current Level 4 profiles):

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*Please also mail a professional photograph to [certification@feelinggoodinstitute.com](mailto:certification@feelinggoodinstitute.com)*

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

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### ***Requirement 1: Learning to Provide TEAM Consultation. Complete requirement a or b:***

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

- a. 40 weeks of group training with an online "Advanced Consultation Group" focused on learning the skills of TEAM Model consultation (exclusively for Level 3, 4, & 5 clinicians; led by Matthew May, MD). ***or***
- b. 14 hrs 1:1 Training with a Level 5 Trainer focusing on learning the skills of TEAM Model consultation (please request guidelines and feedback form from FGI before proceeding; supervisor provides feedback forms at each meeting)

a. Advanced Consultation Group attended:

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Date Range	Certified TEAM Trainer	Signature of Trainer
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b. Individual Training Received:

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Date Range	Hours	Certified TEAM Trainer	Signature of Trainer
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Date Range	Hours	Certified TEAM Trainer	Signature of Trainer
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### ***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:

- Brief Mood Survey (BMS)
- 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](http://www.feelinggoodinstitute.com/certification))

**Requirement 3: Learning to Lead Training Groups. Complete requirement a, b, or c:**

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

- a. 24 weeks (minimum) co-teaching a TEAM Training group with a Level 5 Trainer (or Level 4 Trainer who has led a group for > 1 year). **or**
- b. Teaching a 12 week TEAM curriculum with individual supervision (live or remote) from a Level 5 TEAM Trainer. (Requires 6 one-hour mtgs; Supervisor must observe group for 1 mtg; if group is co-led, both leaders can attend supervision mtgs together) **or**
- c. Teaching a 12 week TEAM curriculum (12 week curriculum) with group supervision through “Train the Trainers” group. (Currently offered free, on-line, through FGI; contact [jill@feelinggoodinstitute.com](mailto:jill@feelinggoodinstitute.com) for registration).

Name and Type of Group Led: \_\_\_\_\_

List Form of Supervision Received and Relevant Dates: \_\_\_\_\_

**Requirement 4: Letters of Endorsement**

Submit letters of endorsement from two current Level 5 TEAM Trainers who are familiar with your work.

**Requirement 5: \$100 (USD) fee**

**Applicants outside of the USA:** Please pay online at [www.feelinggoodinstitute.com/certification](http://www.feelinggoodinstitute.com/certification)

**Applicants within the USA:** Please pay online at [www.feelinggoodinstitute.com/certification](http://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: \_\_\_\_\_

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 I certify that I have met all requirements for Level 4 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 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
- Testing Forms
- 2 Letters of Endorsement from TEAM Trainers (may be submitted with this packet or separately)
- 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. *Please do not request postal signature confirmation on mailed materials.*