

Certified TEAM Therapist: Level 1



Application Form

This application must be completed after meeting the full requirements listed on "Certification Program: Requirements and Rewards" overview sheet. Please download at www.feelinggoodinstitute.com/certification.

Date: _____

Name: _____ **Degree(s):** _____

Are you licensed as a mental health or medical provider? Circle one: **YES** **NO**

If yes, list license number: _____

If no, what is your professional title: _____

Note that unlicensed individuals will be granted certification, but will not be listed on the FGI public directory.

Public/Professional Address (for website posting and mailing your certificate):

Professional Phone: _____ **Professional Email:** _____

Professional Website (for posting on public directory): _____

Name and degree to be written on your Certificate: _____

Listserv & Website Information:

I would like my email address to be added to the Feeling Good Institute (FGI) listserv (including consultation, practice, training, and networking). Circle one: **YES** **NO**

I would like my information added to the Feeling Good Institute (FGI) website. Circle one: **YES** **NO**

Note that while Level 1 Certification does not expire, access to the listserv and public listing on the FGI website require annual renewal.

Requirement 1:

Please mark which requirement you have fulfilled and fill in relevant details below. See the Requirements and Rewards Sheet for details of each option (www.feelinggoodinstitute.com/certification).

Choose only one of
Items 1a, b, c, or d!



- a. 12 hrs of TEAM Workshops or Courses
- b. 24 hrs of TEAM ongoing Consultation Group training
- c. 13 hrs of home study course in TEAM Therapy
- d. 12 weeks (24 hours) group training course with structured curriculum

a. 12 hrs of TEAM Workshop(s):

Date(s)	Workshop Title	Hours
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Date(s)	Workshop Title	Hours
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b. 24 hrs of Group Training:

Date Range	Hours	Certified TEAM Trainer	Signature of Trainer
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c. 13 hrs of home study course in TEAM Therapy:

Date Completed	Hours	Course Name
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d. 12 weeks (24 hours) structured TEAM curriculum:

Date Range	Hours	Certified TEAM Trainer	Signature of Trainer
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Requirement 2: \$50 (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 1 of the TEAM-CBT Therapy Certification Program. I understand that the TEAM-CBT Therapist Certification Program is intended to provide quality training to clinicians interested in providing TEAM Therapy. I understand that certification in TEAM-CBT therapy is not a license to provide mental health or medical counseling. I understand that all training received by a TEAM-CBT Trainer (in individual or group format) does not constitute clinical supervision; that is, neither the TEAM-CBT Trainers nor Feeling Good Institute assume responsibility for my clinical cases or clinical decision-making.

Signature

Date

Checklist of items to mail:

- ✓ Application Form with all Signatures and Dates
- ✓ Proof of workshop/home study courses (if applicable)
- ✓ Payment or proof of online payment

Submit materials via USPS to: Feeling Good Institute, Attn: Certification Lead, Feeling Good Institute, 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.*