

## Certified TEAM Therapist: Level 3

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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: \_\_\_\_\_ If *not* licensed, please list professional title: \_\_\_\_\_

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

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

Professional Website (for posting): \_\_\_\_\_

Name and degree to be written on your Certificate: \_\_\_\_\_

#### **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 Directory:**

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

*Note the website directory benefit is only available to licensed mental health or medical providers.*

#### **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 **or**  
 b. 10 hrs individual (1:1) training

#### Individual Training Received:

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Date Range	Hours	Certified TEAM Trainer	Signature of Trainer
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Total Hours Individual Training Received: \_\_\_\_\_

#### Group Training Received:

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Date Range	Hours	Certified TEAM Trainer	Signature of Trainer
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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. The DTS can be obtained from your individual trainer or by emailing certification@feelinggoodinstitute.com

**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.

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Certified TEAM Trainer	Signature of Trainer	Date Approved
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**Requirement 4: Passing of the Exam**

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

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Date of Exam	Names of Examiners (Two Certified TEAM Trainers)
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**Requirement 5: \$200 (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 3 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.

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Signature	Date
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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: 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.*