



Basic Clinical Training Registration Form

(Applicants from the United States and Canada: Please use the online registration form)

Send this Registration Form, Documentation, and Deposit to:

Imago Relationships International
160 Broadway, East Building, Suite 1001
New York, NY 10038

Tel: 1.800.729.1121 212.240.1074

Fax: 212.240.7435

Email: training@imagorelationships.org

I am pursuing the following track:

- Clinical Track (for those seeking certification as an Imago Therapist)
- Educational Audit Track (for those auditing only)

I am applying for the following training:

Instructor's Name: _____

Location: _____

Clinical Training Dates: Session I _____

Session II _____

Session III _____

I attended a 20 hr. Couples Workshop: City _____

Date _____

Presenter _____

Or, I plan to attend a 20 hr. Couples Workshop: City _____

Date _____ Presenter _____

Your Information

Name: _____

Credentials: _____

Email: _____

Business Address:

City: _____ **State:** _____

Zip Code: _____

Phone (day): _____

Phone (eve): _____

Fax: _____

Cell: _____

Clinical Track Only: Estimate the extent of your clinical experience within each modality listed below (i.e.: Individual 5 years).

Individual: ____ Est. Yrs. Group: ____ Est. Yrs.

Family: ____ Est. Yrs.

Estimate the number of face-to-face hours of supervision of your work.

Group: ____ Est. Supervised Hours Individual: ____ Est. Supervised Hours

Estimate your current caseload:

Individual: ____ Hrs/Week Couple/Relational: ____ Hrs/Week

Group: ____ Hrs/Week Family: ____ Hrs/Week

Briefly describe your professional experience with couples therapy:

Both Clinical and Educational Audit Track:

Please describe your personal growth experience and therapy modality (i.e.: Group Therapy 2 years).

Individual Therapy: _____ years

Group Therapy: _____ years

Couples Therapy: _____ years

Family Therapy _____ years

Degrees & Accrediting Institutions: _____

Current Professional Associations:

Briefly describe your reasons for wishing to participate in Imago Relationship Training:

Credential Requirements for Participation in the Basic Clinical Training Program

CLINICAL TRACK

In order to register for this program you must have the following credentials:

- Attendance at a 20-hour couples' workshop led by a certified workshop presenter prior to training.

See <http://gettingtheloveyouwant.com/couples/workshops> for a workshop schedule.

- An advanced, graduate degree in a mental health field. Trainees commonly have: MFT, LCSW, M.D., Ph.D., Psy.D., or M.Div as a pastoral counselor (but only if a member in AAPC)
- Membership in a national professional organization with accreditation requirements that include clinical and supervised hours, or meet equivalent requirements by state licensure, or describe and document your supervision history.
- An established or developing clinical practice with couples.

Each application is evaluated by the clinical instructor on its own merit. If you do not have all of the above credentials and you think you qualify for the training on the clinical track, please attach a cover letter to your application which addresses the exceptions.

To complete your application packet, send us:

- Completed Registration Form
- Two letters of recommendation from colleagues familiar with your work. Be sure these letters include the qualifications and phone number of the writer either in the letter or on the letter head.
- Your Curriculum Vita (Resume)
- Copy of professional license or certification
- Copy of graduate degree
- Copy of face sheet of liability insurance including policy number
- \$750 registration deposit (payable to Imago Relationships International)

EDUCATIONAL AUDIT TRACK

In order to audit this course please submit:

- Completed Registration Form
- \$375 registration deposit (payable to Imago Relationships International)

Registration and Cancellation Policy for the Basic Imago Training Program

The Basic Clinical Training Program consists of 96 hours of training (twelve days). The registration fee is \$3,000 for the Clinical Track, which includes a \$750 deposit to Imago Relationships International. Please note that this amount does not include the fee for the 20-hour Couples' Workshop, which is a pre-requisite for the training. Credit cards are accepted. A non-refundable deposit of \$750 will reserve your place and must accompany this Registration Form payable to Imago Relationships International. If you are not accepted into the training course, your \$750 deposit will be returned. The registration fee balance (\$2,250) should be paid directly to the instructor. Payment plans are available. If you cancel three weeks or more prior to the start of the training, your registration balance will be refunded less a \$100 administration fee (And \$100 less than the deposit of 750). If you cancel 20 days or less prior to the start of training, or do not show on the first scheduled date of training, your registration fee, less the \$750 non-refundable deposit will be applied to the next training program with your clinical instructor. If you start the training program and stop before the training is over, there is no refund for any reason, and if you are on a payment plan, the balance will still be due. For those on the Educational Audit Track, the registration fee is \$1500, which includes a \$375 deposit to Imago Relationships International. The registration fee balance (\$1,125) should be paid directly to the instructor.

If you desire a payment program for the balance, please speak with your instructor.

I have read and accept the terms of the above cancellation policy.

Signature required: _____

Credit Card # _____

Exp. Date _____

Approval Code _____

Signature required _____

Checks should be made out to Imago Relationships International.

Please send a duplicate copy of your Registration Form and supporting documents to your clinical instructor!