

Certified TEAM Therapist: Level 2

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.

Application 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 mailing your certificate and directory posting):

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

Professional Website (for directory 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?

Circle One: **YES** **NO** **NOT SURE**

If you answered "no"/"not sure," would you like to be added to the listserv now? Circle One: **YES** **NO**

Listing on FGI Website:

Would you like FGI to list your full name, degree, city, and website on the FGI directory? Circle one: **YES** **NO**

Requirement 1: Complete requirements for part a or b or c:

Please mark which requirement you have fulfilled and fill in relevant hours below. See Requirements and Rewards Sheet for detailed requirements (www.feelinggoodinstitute.com/certification).

- a. 5 hrs individual (1:1) training *plus* 25 hrs of group training *or*
 b. 10 hrs of individual (1:1) training *or*
 c. 50 hrs of group training

Individual (1:1) Training Received:

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

Group Training Received:

Date Range	Hours	Certified TEAM Trainer	Signature of Trainer
Total Group Training Hours Received: _____			

Requirement 2: Complete requirements for part a or b or c:

Please mark which requirement you have fulfilled and fill in relevant hours below. See Requirements and Rewards Sheet for detailed requirements (www.feelinggoodinstitute.com/certification).

- a. 13 hrs of CE/CME home study credit
 b. Single day workshop led by a TEAM Trainer, FGI or by D. Burns
 c. 5 hrs of individual (1:1) training

a. 13 hours CE/CME of home study course in TEAM Therapy (*submit certificate of completion*):

Date Completed	Title	Hours for this course
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b. Single day (minimum) workshop attended (*submit certificate of completion*):

Date(s)	Title	Hours for this workshop
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c. Individual (1:1) Training Received:

Date Range	Hours	Certified TEAM Trainer	Signature of Trainer
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Requirement 3. Use of forms

Provide the following forms for 3 patients. Specifically, provide 2 forms (2 different sessions dates) for each of the 3 patients: a.) Brief Mood Survey (BMS), b.) Evaluation of Therapy Session (ETS). Please remove patient identifying information.

Requirement 4: Reading of the Therapist Ebook

I certify that I have purchased the Therapist Toolkit and Therapist Ebook and have read the Ebook in entirety.
_____ (initial here)

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 2 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
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Checklist of items to mail:

- Application Form with all Signatures and Dates
- Proof of workshop attendance or homestudy course completion (if applicable)
- De-identified copies of BMS and ETS forms.
- 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.*