

Certified TEAM Therapist and Trainer: Level 4

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.

Application Date: _____

Name: _____ Degree(s): _____

License Number: _____

Professional/Public Office Address: _____

Phone: _____ Email: _____

Name and degree as you would like written on Certificate: _____

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 a Level 5 Trainer designated by FGI; live group available for clinicians working at FGI). **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:

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

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. The DTS can be obtained from your individual trainer or by emailing certification@feelinggoodinstitute.com

Requirement 3: Supervised Experience as a TEAM Leader

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 on-line each through FGI; 1x month; contact 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 two letters of endorsement from 2 current 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

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 4 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
- 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: Certification Lead, Feeling Good Institute, 2660 Solace Place, Suite A, Mountain View, CA 94040, USA. *Please do not request postal signature confirmation on mailed materials.*