



1555 Connecticut Ave NW Suite 300W Washington, DC 20036 ♦ (202) 265-1000 ♦ Fax (202) 265-1111 ♦ www.vivapartnership.com

Trauma Informed Clinical Practice Certificate Program Application

Personal Information

Name: _____ Phone: _____

Email: _____

Address: _____

Educational Background

Undergraduate Degree

University: _____

Major: _____

Year: _____

Graduate Degree

University: _____

Concentration/Degree: _____

Year: _____



Clinical Experience

Psychotherapy Cases Seen

Please write approximate number of cases seen—adult (A) and child (C)

1. Total individual psychotherapy cases: A _____ C _____
2. Individual, long term: A _____ C _____
3. Individual, short term: A _____ C _____
4. Insight, psychodynamic-oriented: A _____ C _____
5. Crisis intervention: A _____ C _____
6. Group: A _____ C _____
7. Family therapy, systems approach: _____
8. Couples: _____
9. Other (specify): A _____ C _____

Clinical Supervision

Approximate total hours of clinical supervision: _____



Short Essay Questions

Please respond to the following questions in a few paragraphs. You may use the space below or attach an additional document in PDF form.

1. Why are you interested in being a part of the Trauma Informed Clinical Practice Certificate Program?

2. What unique experiences and perspectives will you bring to your cohort, and how will they benefit the group?

3. What is your understanding of how our physical self is linked to our emotional/psychological self?



Additional Requirements

1. 2 letters of recommendation from field or other clinical supervisors
2. Current resume
3. \$35 application fee (send a payment through PayPal, to viva@vivapartnership.com; or fill out credit card information on the next page)

TICP Certificate Program Registration Agreement

By submitting my application, I am agreeing to be a full participant in this 9-month training certificate program. If accepted, I agree to provide payment according to the schedule outlined below. I understand that, if electing to pay by credit card, the credit card information provided will be charged upon acceptance based on the payment plan selected below.

Please select a payment option (due August 30th):

- Full payment - \$1900.00 (save \$100 off semester rate)
- Semester payment - \$1000.00 (second semester payment due January 15th)
- Monthly payment plan - \$240.00 (due on the 15th of each month Aug - April)

Payment Information (for registration fee if accepted):

- Credit Card
- Visa MasterCard American Express Discover

Name: _____

Card number: _____

Exp. ___/___ CVC ____

Billing address: _____



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I understand that I am reserving a space in this program, which meets for 2 hours in the morning on the second and fourth Wednesdays of the month (from 11 AM - 1 PM). I understand that absences may be negotiated under extreme circumstances, but I am joining this program with the intent to complete all certificate requirements, including attendance, participation, and assignments. Since this is a closed cohort and my participation means the exclusion of another clinician. I understand that I will not be refunded my payments should I choose to discontinue the course, and that the total will be charged in full.

In exchange for my commitment to the cohort, the TICP Certificate Program commits to giving me the opportunity to learn about working with 6 core populations and to get exposure to a myriad of healing traditions supportive of body-based transformations for my clients. This experiential and hands-on postgraduate training program will provide me with specialized guidance in the subtleties of working with clients, applying theory to practice and being empowered with resources and interventions to make substantive differences in the effectiveness of my clinical work. I will graduate from the program with an overview of current integrative theory as well as a deeper understanding of how to work with a client in a holistic and integrative manner.

Signature: _____ Date: _____

Please submit this form with your short essay responses, 2 letters of recommendation, resume, and \$35 application fee. Application documents may also be submitted by email to info@vivapartnership.com.

Applicant Checklist

		For admin use only
TICP Certificate Program Application	<input type="checkbox"/>	
Short Essay Responses (3)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Letters of Recommendation (2)	<input type="checkbox"/> <input type="checkbox"/>	
Current Resume	<input type="checkbox"/>	
\$35 Application Fee	<input type="checkbox"/>	



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