

Association for Integrative Psychology, Inc.
APPLICATION FOR APPROVED INSTITUTE CERTIFICATION

First Name _____ Middle _____ Last Name _____ Degree if any _____

Name of Business/Company _____

What do you want printed on your certification? Personal Name Business/Company Name

If you have already filled out a Standard Affiliation/Certification Application Form, the information below is needed only if your information is different.

Address: _____

City: _____ State/Province/Other: _____ Country: _____

Zip/Postal Code: _____ Email address: _____

Day Phone: _____ Evening Phone: _____
 (Include country/area codes)

Fax number: _____ Website: _____

INDEMNIFICATION

To the extent permitted by law, I hereby agree to protect, indemnify, defend and hold harmless AIP, the AIP Board and Committees, and all AIP employees, agents, directors, and associates against all claims/losses arising out of association with AIP including, but not limited to, certification, errors and omissions, affiliation, and participation in any AIP sponsored workshops, except those claims arising out of the sole gross negligence or willful misconduct of AIP. I am also in agreement that by submitting this document electronically I am in acceptance of it being a legal and binding contract.

Date: _____

Signature (required) _____

I wish to apply for Approved Institute certification(s) in:

Neuro Linguistic Programming Hypnosis/Hypnotherapy Time Empowerment® MER®

REQUIREMENTS:

- ♦Completion of Trainer's Training and Evaluation. Copy of completion certificate(s).
- ♦Copy of course outline(s)/topics with standards. (WILL BE REVIEWED AND MUST BE APPROVED BY AIP.)
- ♦Copy of written test(s) with answers to the test(s), if written test(s) is (are) given to students. (WILL BE REVIEWED AND MUST BE APPROVED BY AIP.)

FEES:

\$125.00 (US) Approved Institute Certification (for each subject area taught—NLP, Hypnosis/Hypnotherapy, Time Empowerment®, Mental and Emotional Release MER®). Certification is valid for 1 year.

\$25.00 (US) Replacement certificate.

SHIPPING FEES: Please add applicable shipping fees

- ♦USA/Puerto Rico – First Class: No Charge/ Express Mail: \$35.00 US
- ♦Canada – First Class: \$3.00 (US) / Express Mail: \$35.00 US
- ♦Other Countries – First Class: \$5.00 (US) / Express Mail: \$50.00

Check enclosed for: _____ (US) *or bill my credit card below*

Credit Card number _____ MC/VISA/Amex _____ Expiration Date _____ Security Code _____

Billing Address (if different from above) _____

Credit Card Billing Signature _____ Date: _____ Amount billed to credit card _____

Mail application and fee payment to: Association for Integrative Psychology; 10620 Southern Highlands, Ste 110-228; Las Vegas, NV. 89141; USA OR Fax to 1-808-791-5051. Make check payable to Association for Integrative Psychology. There is a \$25.00 (US) fee for returned checks. For questions, call 1-808-731-8393 or toll free at 1-877-935-0AIP (0247) (US, Puerto Rico, and Canada.) You may also choose to email us at info@aiponline.org.