

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.

Signature (required)

Date:

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 (US) Each Approved Institute Digital Certificate. Certification is valid for 1 year.

\$10 (US) Each physical and replacement certificate request.

SHIPPING FEES: *Please add applicable shipping fees for physical certificate requests.*

\$3 (US) First Class Mail within US **\$5 (US)** First Class Mail to Canada **\$7 (US)** First Class Mail to all other Countries

PAYMENT:

Charge my credit card below Send **PayPal link** or **Electronic Invoice** to email (Circle one) Check enclosed for: _____ **US**
*US Only ONLY option for **Canada** and **International** payments*

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.