

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

First Name	Middle	Last Name	Degree if any
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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
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Billing Address (if different from above)

Credit Card Billing Signature

Date

Total Amount to be Charged

US

Refund Policy: All purchases made through our Affiliation and Certification Board are final and non-refundable. By submitting payment, you acknowledge and agree that you are enrolling in a professional affiliation and certification program, that you understand the nature of the services and digital materials provided, and that due to the nature of digital access, downloadable content, and administrative processing, no refunds will be issued under any circumstances.

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.

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