



Agreement for Certification Group 2

(1) Please check the category (certificate title) in which you are being certified (if unsure, please ask your Coordinator):

Certified Focusing Professional Focusing Trainer Focusing-Oriented Therapy (FOT)

In order to maintain your membership as a Focusing Professional, you will need to meet the following conditions:

- Maintain high ethical standards of honesty and confidentiality at all times.
- Pay to the Institute a one-time Certification fee of \$375. Pay \$120 annual fee each year starting next year.
- Attend a Focusing Training a minimum of once every 3 years, stay current in your professional development on an on-going basis and stay connected with others in the Focusing community.

(2) My Certification Fee of \$375

has been paid online

is enclosed by check drawn on a US Bank or use the credit card information:

Master Card / VISA / Discover / American Express (circle one)

Card# _____ Exp _____

CVV code: _____

has been sent via wire transfer

Wire Transfer information: JPMorgan Chase Bank, Routing Number:021 000021,
Acct # 650-0654858-65, SWIFT code: CHASUS 33

Signature _____ Date _____

(3) Name (as it will appear on your certificate – include any degrees after your name)

Address _____

City _____ State _____ Zip _____

Country _____ Email _____

Phone (home) _____ (office) _____ (fax) _____

(4) Name(s) of Coordinator(s) who recommended you: _____
