

## Agreement for Certification Group 5

**(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 \$100. Pay a \$30 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 \$100**

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:** \_\_\_\_\_

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