

## Commitment Application To Be An Approved Faculty Program Consultant

0	Personal Information:				
Name					
PhoneE-Mail					
Fac	Ity Level				
2	Application:				
tho End	use of the greater responsibility for supervision of the trainee, it is essential that the Consultant has a ugh understanding of his/her role and responsibilities in the Preparation Phases for Training and responsibilities. Therefore, if you wish to be an approved Faculty Program Consultant for the revised programs, se complete this Application and forward it to Y ÕQwith a \$25.00 fee in US funds HOD concerns we receive it we				
will	pdate our website.				
	□ I have read and am familiar with the ╼級  c゚ programs as described in the & ;\^} ơÁ ƯỚT Á 孑 ♂ å Á;} Á 愛 Á Y Õ,^à•ã 个, www.wglasser身 ♂ ;} æ 道;} æ 道; * È				
	I have actively participated in the certification process or facilitated faculty programs in the last two				
	years by: Taught at least one practicum (if serving as an FPC for a candidate for the Practicum				
	Supervisor Program) or one Intensive Vi æ å å * or Faculty Program (if serving as an FPC for a candidate				
	for the Basic Vi and a Program). Please list dates, and locations on the lines below.				
	DATE LOCATION				
1.					
2.					
3.					
4.					
I have stayed current by: (please check all that apply and indicate dates and location)					
	Attendance at a Ü^* 4 } æ /Ô[ } -^\^} &^				
	Attendance at WGI Conferences				
	Presenter at WGI Conferences				
	Regional Meetings				
	Attended Workshops by other Faculty				
	Writing booksæld&l^• (include subject matter)				



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- I am a current member of WGI.
- I expect to charge a fee for my mentoring as a FPC.
- I understand that if I am mentoring someone who is in the practicum supervisor program, I need to be an Advanced Practicum Supervisor or higher.
- I understand that if I am mentoring someone who is commencing the Basic Training Instructor Program, I need to be a Basic Instructor or Senior Faculty.
- I understand that the major emphasis in the Preparation and Training Phases will be on role-plays.
- I understand that part of my role as a Faculty Program Consultant will be to assist the
  participant in understanding marketing principles and business practices.
- I am willing to spend the required time in consultation and mentoring.
- · I am willing to deal with any required paperwork promptly.

I have read and understood the above and wish to have my name listed with William Glasser International as an Approved Faculty Program Consultant.

Printed Name	Signature	
Faculty Level	 Date	