



Intensive Training Approval Application

1. Contact Information:

Organizer (Materials will be shipped to this address)

Last Name: _____ First Name: _____ Middle Initial: _____

Closed Training Agency or School: _____

Contact Name: _____ Contact # _____ Contact E-mail: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____ Country: _____

Preferred Phone: _____ Type: _____

E-Mail: _____ Fax: _____

2. Intensive Training Information:

Location: _____

Open Training Closed Training Dates: _____

Level: Basic Advanced Both Estimated # Participants: Basic: ___ Advanced: ___

Length of Training: 3 consecutive days (20 hours) 4 Days (27 hours)

Basic Instructor: _____ Instructor 2: _____

Advanced Instructor: _____ Instructor 2: _____

Options for open 4 day trainings and 27 hours check one: Options for 4 days and 27 hours

- | | |
|---|---|
| <input type="checkbox"/> 4 Consecutive Days | <input type="checkbox"/> 4 Consecutive Days |
| <input type="checkbox"/> Two Days over 2 weekends | <input type="checkbox"/> Two Days over 2 weekends |
| <input type="checkbox"/> Evening sessions over 2 months | <input type="checkbox"/> 4 one-days over 1 month |
| <input type="checkbox"/> *4 one-day a week sessions | <input type="checkbox"/> *4 Professional Development Days in the same school year |

* With organized learning experiences between sessions.

Practicum Supervisor (If training is closed and has 17 – 20 participants): _____

3. Agreement: I will follow what is outlined in the WGI Policies and Procedures Manual (PPM), and am aware of current acceptable Intensive Training format and their terms.

Signature of Organizer Date

I certify that the scheduling of the Training will be in accordance with the PPPM.

Signature of Regional Board Member Date

4. Approval:

Approved Not Approved by The WGI as training leading towards CT/RT Certification.

Authorized Signature Date