



WILLIAM GLASSER
INTERNATIONAL

Certification Approval Application

1 Personal Information:

Organizer: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Fax: _____

Phone: _____ E-Mail: _____

2 Certification Information:

Proposed Dates and Daily Structure: _____

Location (City/Country): _____

Instructors: _____

Expected Number of Participants: _____

3 Agreement:

Upon approval of this Certification Session, we shall follow the procedures as outlined by William Glasser International in regard to the advertising, verification of participant's previous training requirements, overall format, content and follow-up. In addition, we agree to consult with Y ŌQ if any changes arise in dates, instructors, location, and/or participant numbers.

_____ on behalf of the _____ CE-āāē Ā -WGI.
(Organizer's Signature) (Country)

4 Approval:

This program has been: Approved Not Approved by Y ŌQ

Date _____
_____, Executive Director

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