



Application for Regional Sponsorship of Certification

Proposal Information:

Region: _

Proposed Location (City/State): _

Proposed Dates: _

Proposed Hours: _

Expected Number of Participants: _

Agreement: *This application is being submitted more than six months prior to the proposed Certification Session. Upon approval of this Certification Training, our Region and its Representatives will follow the procedures as outlined by The William Glasser Institute in regard to advertising, verification of the participant's previous training requirements, overall format, content and follow-up. In addition, we agree to consult with the Institute if any changes arise in dates, instructors, location, and/or participant numbers.*

Signature of Regional Board Representative

Date

Proposed Instructor(s): One of the Instructors must meet the following requirements:

- Senior Faculty
- Taught Certification Sessions
- Understands the structure, requirements and expectations of Certification.

1. _

4. _

2. _

5. _

3. _

6. _

Certification Session Contact Person: *(Materials will be shipped to this address)*

Name: _

Address: _

City: _

ST/PR: _

Zip/PC: _

Phone: _

Fax: _

E-Mail: _

Approval:

This program has been: _ Approved _ Not Approved by The William Glasser Institute

Signature of Institute Representative

Date