



WILLIAM GLASSER  
INTERNATIONAL

# Application for Regional Sponsorship of Faculty Program(s)

Region: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Proposed Dates: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Practicum Supervision: Training Phase \_\_\_\_ Basic Instructor Training: Training Phase \_\_\_\_

Practicum Supervision: Endorsement \_\_\_\_ Basic Instructor Training: Endorsement \_\_\_\_

**Agreement:** *This application is being submitted more than six months prior to the proposed Faculty Program. Once received, this application will be taken to the Professional Development Committee for consideration. Upon approval of this Faculty Program, 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

\_\_\_\_\_  
Signature of Member Organization Representative

\_\_\_\_\_  
Date

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

**Practicum Supervision Program**

- Basic Training Instructor
- Taught Certification Week
- Understands Institute Policies and Expectations

**Basic Training Instructor Program**

- Senior Faculty
- Taught a Practicum Supervisor Phase
- Understands Institute Policies and Expectations

**Practicum Supervisor Instructor(s)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Basic Training Instructor(s)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Faculty Program Contact Person:** *(Materials will be shipped to this address)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip/PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Approval:**

This program has been:  Approved  Not Approved by the Professional Development Committee

\_\_\_\_\_  
Signature of Y ÖI Representative

\_\_\_\_\_  
Date