SPIRIT 2 SPIRIT

Healing

Name: _____

Certification Renewal Application

Please Fill Out Application In Its Entirety And
Return With All Required Supporting Documentation To:

Spirit2Spirit
Fax: 575.613.7167

Date:_____

SPIRIT 2 SPIRIT
Healing

Renewal Application

Select one: ☐**Certified Trauma Therapist (CTT®)** ☐**Certified Trauma Professional (CTP®)**

CTT®/CTP® Certification Must Be Renewed 2 Years From The Date Of Final Certification
And Every Twelve Months Following First Renewal

Please Fill Out The Information Below As You Would Like It To Appear On Your Certificate

Contact Information

Full Name: _____

Credentials: _____

SSN: _____ **DOB:** _____

Home Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Company Name: _____

Business Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Fax:** _____

Email Address: _____

Education:

Have You Obtained Any New Degrees Since Your Last Certification Date? _____Yes _____No
If Yes, Please Provide Information Below:

Current Level of Education:

◉ Bachelor's Degree ◯ Master's Degree ◯ MD ◯ PhD ◯ Other_____

Academic Institution	Date of Graduation	Degree Earned

New Certifications (Professional & Job Related):

Certifications Turned Into Spirit2Spirit for Certification Purposes Must Be Current

Certifications Held	Date of Certification

New Licenses: Licenses Turned Into Spirit2Spirit for Certification Purposes Must Be Current

License Held	State	License Number

New Department Of Law Enforcement Certifications:

Police Academy, EMT/EMS, Firefighters Certificate, Etc: Certificates Must Be Current

Certification Held	Date of Completion

Supervision

If You Currently Receive Any Form Of Job Related Supervision Please Fill Out Information Below

Supervisors Name:_____

Address:_____

_____

City:_____ **State:**_____ **Zip:**_____

Phone:_____

Email:_____

Ethical Violations/Malpractice Claims

Have ANY Malpractice Claims Been Brought Against You? ☐ Yes ☐ No

Have ANY Professional, Legal or Ethical Hearings Been Brought Against You? ☐ Yes ☐ No

If Yes Please Attach A Summary Of The Details Including Past and Pending Actions Against You As Well As Copies of All Relevant Information, Including Judgments, Pertaining To The Claims.

Continuing Education

***Please ensure you have completed and checked both below

☐	Must Have Attended At Least 1 Trauma Conference In A 12 Month Period
☐	Must Complete 15 Hours of CEU/PDH Credits In A 12 Month Period

Required Documentation

The Following Documents Must Be Submitted In Order To Process Your Application

- Completed Renewal Application
- Copies of Any New Diplomas/Certifications/Licenses
- Copies Of Current Resume/Curriculum Vitae
- Copy of Current Malpractice Insurance (CTT® Only)
- Copies Of CEU/PDH Credits Earned
- $75.00 Fee Mailed to Spirit2Spirit Attn: Linda Crane, PO BOX 190, Silver Springs, FL 34488

By Signing This Application, I hereby certify, that to the best of my knowledge and understanding, the information provided on this form is true and accurate.

Signature **Date**

Payment Information - Please Check One Of The Following

☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS ☐ DISCOVER CARD

Name On Card:_____ Amount: $_____

Card #:_____ Card Code:_____

Exp:_____ Billing Address:_____

City:_____ State:_____ Zip:_____

Cardholders Signature:_____ Date:_____

***If you prefer to pay electronically, please email me with the request and we will send you an electronic payment link

_____
Signature

FAX APPLICATION & Supporting Documents to: 575-613-7167
Please do not mail the application, If you cannot fax or email contact Kat

PO Box 190 Silver Springs FL 34488 www.spirit2spirithealing.com 352.816.5330