

MVP Consulting
Certified Experiential Specialist
Program Application

Name _____ Date _____ Gender _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Birthdate _____ Age _____ What do you prefer to be called? _____

Occupation _____

Degrees and Credentials _____

Why are you applying to become a certified experiential specialist? _____

What are your professional goals as it relates to this training?

1. _____

2. _____

3. _____

What are your personal goals as it relates to this training?

1. _____

2. _____

3. _____

List Experiential, Psychodrama, Gestalt, Addiction or other training by name, place and year:

Describe the therapy modalities you are currently using in your work:

We believe that you can only take a client as far as you yourself have gone, thus this program will place you in the role of facilitator as well as client. The only way we know how to teach experiential activities is to actually participate in the experience. Are there any physical, emotional, mental, behavioral, or spiritual limitations that would prevent you from participating fully in both these roles?

I can participate without any issues **I might have some issues**

Please explain _____

Is there anything else that we need to be aware of in supporting you through this process of certification? _____

Do you foresee any issues in completing the certification process to include 40 hours of training, 8 hours of group supervision, 2 hours of individual supervision, and demonstration of core competency skills? **I can do this** **I might have trouble**
(please explain)

I understand that once I have completed all the requirements of certification I will receive a certificate of completion. I attest that I have completed this application to the best of my ability and all information I have provided is accurate and an honest representation.

Printed Name

Signature

Date