



The Board of Examiners for the Certification of Past Life Regression

Application for Individual IBRT Certification for IBRT Trained Applicants

Directions: It is important to be thorough and provide all relevant information requested in each section. Your application is not complete until all required materials and supportive data and letters of references have been received.

1. Personal Data

Name (first, middle, last):

Address: _____

Telephone (home): _____ (work): _____

Cell: _____

E-mail address: _____

Website (if you have one): _____

2. Professional Training in Hypnosis

Professional live, in-person and/or Zoom training in hypnosis.

(Must have a minimum of 100 hours of training completed.)

Name of school/training program:

Dates: (from – to):

Hours of live, in-person or Zoom supervised training Completed:

Please include with this application copies of any certificates of completion.

List any additional altered state modalities in which you have had training.



3. Professional Training in Past Life Regression

Professional, live in-person and/or Zoom training in Past Life Regression. (Must have a minimum of 50 hours of training completed.)

Name of school or training program:

Date(s) (from – to):

Number of Hours Completed:

Please include with this application photos or PDFs of any relevant certificates of completion. If you have written in the field or given courses or workshops or have other information which might assist the Board in assessing your preparation, please provide details.

4. Current Professional Memberships

Name of organization(s):

5. References

Provide a completed **Reference Form** of two (2) people whom you have requested to complete an IBRT Reference Form. These forms are to be submitted with the rest of the application package.

6. Professional Certifications

Please list any professional certification(s) you currently hold and attach scans, photos or PDFs.

Additional information that you feel might be relevant or important to your application for IBRT certification. This may include details about your professional experience, achievements, special skills, or any circumstances you would like us to consider.



Additional Forms

The following pages are forms necessary for the completion of your application. You will need to take actions, such as sign or make copies and give to others to fill out and sign. These forms include:

1. **IBRT Code of Ethical Conduct Form** - to be read, filled out and signed
2. **Facilitated Past Life Regression Sessions - Affidavit** - filled out and signed
3. **Reference Request Form** - make required number of copies and send to each person who has agreed to write you a reference. They are to be filled out and signed, and then returned to you, the Candidate, as part of your application package.
4. **Permission Form for Video Volunteers** - they are to be given to your client volunteers to be filled out and signed and returned to you as part of your application package.



IBRT Code of Ethical Conduct and Practices

The International Board for Regression Therapy (IBRT) has no relationship with any local, state, or national body, and certification by IBRT does not convey certification or licensing by any governmental body. IBRT-certified therapists are responsible for their own certification and/or licensing as required in their own jurisdictions.

The function of the International Board for Regression Therapy is to ascertain that IBRT-certified therapists have the appropriate background and training to conduct Regression Therapy in a professional manner. IBRT recognizes that each therapist selects his or her own methods for conducting therapy; thus, IBRT does not attempt to regulate methods. However, IBRT does encourage therapists to choose methods that are permissive and client-empowering rather than authoritarian or overly-directive.

IBRT also assumes no responsibility for the practices of an IBRT-certified therapist. IBRT's Code of Ethical Conduct and Practices is considered a part of this application. It is assumed that applicants will read and understand it before applying for IBRT certification. If a complaint about an IBRT-certified therapist is received by the IBRT Ethics Committee, the therapist will be notified and invited to present his or her view. After appropriate investigation, IBRT may dismiss the complaint, censure the therapist, or rescind IBRT certification.

I understand and agree with the above statements. I agree to practice according to the IBRT Code of Ethical Conduct and Practices.

Your name (Printed out) _____

Signature: _____ Date: _____

E-mail _____



Affidavit of Number of Facilitated Past Life Regression Sessions

Applicants are required to have facilitated 50 or more Past Life Regression Sessions to apply for an IBRT certification.

I hereby affirm that I have guided approximately _____ Past Life Regression sessions (note this calls for number of sessions, not clients).

I have practiced Past Life Regression for _____ years/months.

Signed: _____

Date: _____



Reference Request Form

This form is to be signed and returned to the Applicant who is responsible for submitting it.

The named candidate is applying for certification as a Past Life Regression Therapist through the International Board of Regression Therapy. They have requested a reference from the person whose name and address appears below.

Please complete this form and return it directly to the candidate to be handed in as part of their application.

Candidate Name: _____

Reference Name: _____

Reference Email: _____

Section I – Knowledge of Candidate

I have known the candidate for ____ years.

In what capacity have you known the candidate? (check all that apply)

- colleague trainer/instructor friend
 other (please specify) _____

Section II – Rating Scales

Please circle your evaluation of each statement.

1 = low 5 = high.

0 = unsure

NOTO = no opportunity to observe

1. Candidate's knowledge of theories and use of altered state? 0 1 2 3 4 5 NOTO
2. Candidate's knowledge of theories/practices of Past Life Regression Therapy?
0 1 2 3 4 5 NOTO
3. Candidate's ability (expertise) to conduct Past Life Regression sessions?
0 1 2 3 4 5 NOTO
4. Candidate's commitment to ethical practices? 0 1 2 3 4 5 NOTO
5. Candidate's character/honesty/integrity? 0 1 2 3 4 5 NOTO
6. Candidate's overall suitability for certification? 0 1 2 3 4 5 NOTO



Section III – Comments

What do you consider to be the candidate's strengths? What do you consider to be the candidate's weaknesses? Do you have any concerns about the candidate's qualifications to become a certified PLT practitioner? If yes, please specify. Comments (Please use this space for any other comments you would like to share with IBRT. You may also attach additional sheets, if desired.)

Overall Evaluation

- I support this candidate's application for certification.
- I strongly support this candidate's application for certification.
- I cannot support this candidate's application for certification.

Your signature: _____ Date: _____



Permission Form for Video Volunteers

This form is when on-camera permission is not included in the video provided for IBRT review, or if your state requires written release.

I, _____, at the address of

do hereby grant permission to, (name of applicant) _____, to share this video as part of their application to the International Board for Regression Therapy (IBRT), to be viewed by the Evaluators. This permission is limited to the use of IBRT's Evaluators only.

Signature: _____

Date: _____