

The International Board for Regression Therapy

The Board of Examiners for the Certification of Past Life Therapists,

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.

This application is for certification as: (check appropriate box)

- Level I Past Life Therapist
- Level II Past Life Therapist
- Level III Past Life Therapist
- Level IV Past Life Therapist

1. Personal Data

Name (first, middle, last):

Address:

Telephone (home): _____ (work): _____

Cell: _____

E-mail address: _____

Website (if you have one): _____

2. Training with hypnosis and/or another altered state of consciousness. Please describe your training to work with hypnosis and/or other altered states of consciousness. List all courses, seminars and other training experiences. (Attach additional sheet, if necessary.)

Name of school:

Dates (from – to):

Course or program:

Name of modality taught and description of course content:

Name of Facilitator:

Please include with this application photocopies of any diplomas or certificates of completion.

In which of the following modalities have you been trained? (check all which apply)

- Hypnosis
- Neurolinguistic Programming (NLP)
- Guided Imagery
- Relaxation Techniques
- Other

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

3. Training to Conduct Past Life Regression Therapy

Please describe your preparation to work with past lives/regression work. List all courses, seminars, conference workshops and other relevant training experiences. (Attach additional sheet if necessary.)

Name of school, program, or course:

Date(s) (from - to):

Location:

Contact hours:

Name of course, where you were trained, modality taught and description of course content:

Facilitator:

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. Academic Record – since high school, starting with the most recent

School:

Location:

Dates attended:

Degree or credit received:

Major:

Please include photos or PDFs of any diplomas with this application.

5. Current Professional Memberships

Name of organization:

Mailing address:

Date joined:

Honors received/offices held:

Please attach to this application photos or PDFs of any certificates of membership.

6. References

Names and addresses of two (2) persons whom you have requested to complete an IBRT Reference Form. These forms are to be submitted with the rest of the application package.

Name: Position held

Address

Telephone number

1.

2.

7. Licensure or Professional Certification

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

Type

Issued by

Date issued

Number

Date of expiration

Please include any additional information that you feel might be germane to your application for IBRT certification.

Philosophy - add here

Note: This next section will provide IBRT with some insight into your understanding of Past Life Therapy, and an overview of the approaches and methodologies employed by you.

Section I – Please describe your basic approach to conducting a Past Life Regression session. (Provide a description of the techniques/methodology you normally use.) Print or type your response.

Section II – Please use this space to describe what books/persons/courses/etc. have had the most impact upon how you conduct Past Life Regression sessions – and why. (Please print or type.)

Attest:

I hereby certify that all information contained in and attached to this application form is a true and accurate representation of my qualifications. I understand that falsification, misrepresentation or deliberate deception will be considered sufficient grounds for immediate revocation of my certification by the Board. I have received a copy of the Standards of Ethical Conduct and Practices and, if certified by IBRT, agree to conduct my practice in accordance with its provisions.

Signature: _____ Date: _____

Please send digital copies of all completed application forms and materials to Virginia Waldron at gatkepr@gmail.com.

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 returned to you, the Candidate, to be 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 Signature Form

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: _____

Address: _____

Telephone: Home/work: _____ Cell: _____

E-mail: _____

Professional Website (Optional): _____

Number of Facilitated Past Life Regression Sessions Affidavit

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: _____

The International Board for Regression Therapy

The Board of Examiners for the Certification of Past Life Therapists

This form is to be signed and returned to the Applicant

Reference Request Form

Reference Form for: Print or type name and email of candidate _____

BY: Print or type name and email for reference. _____

The named candidate is applying for certification as a Past Life Therapist through the International Board of Regression Therapy. They have requested a reference from the person whose name and address appears above. Please complete this form and return it directly to the candidate to be handed in as part of their application.

Signed: _____ Date: _____

Section I – Knowledge of Candidate

How long have you known the candidate? _____ years.

In what capacity have you known the candidate? (check all which 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: _____

The International Board for Regression Therapy

The Board of Examiners for the Certification of Past Life Therapists

Permission Form for Video Volunteers

This form is to be signed by the volunteer client and returned to the Applicant.

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: _____