



## The Board of Examiners for the Certification of Past Life Regression

### Application for Individual IBRT Certification for Non-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): \_\_\_\_\_

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)

Please describe your training to work with hypnosis, including all courses, seminars and other training experiences. (Attach additional sheet, if necessary.)

Name of school.

Name of Facilitator.

Dates (from – to).

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

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

Please list any other 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, program, or course:

Facilitator.



Date(s) from - to:

Hours of live supervised training:

Location:

Please include with this application copies of any 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**

Please provide a completed **Reference Form** of three (3) people whom you have requested to complete an IBRT Reference Form. You will find a copy of the form on page 5 of this application. These forms are to be submitted with the rest of the application package.

#### **6. Professional Certification**

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** - You will find a copy of this form on page 6 of this application. It is 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 \_\_\_\_\_



## Number of Facilitated Sessions of 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*

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 videos 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: \_\_\_\_\_



## Written Examination for Applicants for Certification by IBRT

This examination is intended to be user-friendly to Past Life Therapists. For the most part, it asks for your opinions; in a field like ours, there are few “right or wrong” answers possible. What we want to know is that you have considered the topics of the questions and have formed some reasonable opinions, based upon your own experience and training.

This exam must be returned with all the application materials. If you prefer to answer the questions separately by direct e-mail, please e-mail Virginia Waldron at [gatkepr@gmail.com](mailto:gatkepr@gmail.com). We hope that you will actually enjoy expressing your views on this examination. Please keep your answers as concise as possible, and in no case more than 150 words. Thank you.

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1. What are three levels of processing past life material? (Note: The emotional level is one of these). Name these in what you think are the order of effectiveness and give your conceptual basis for your opinions.
  2. Define hypnosis as you see it, including any differences in the ways hypnosis is used for past life work. Why do you think hypnosis itself is effective, and what are its limitations? Can Past Life Therapy go beyond those limitations?
  3. For healing, does one need to go back to a “root” lifetime? Justify your answer.
  4. Describe inductions into altered states that you use and/or feel are effective. What methods do you prefer to move clients into a past life? Ex: Higher Self, guide, affect bridge, a doorway, some “vehicle” like a flying carpet, etc.
  5. List some of the limits to past life work. Which limits have you found to occur most frequently?
  6. What presenting issues would be appropriately explored with Past Life Therapy?
  7. Under what circumstances would Past Life Therapy be inappropriate with a client?
  8. Give examples of ways to create and maintain rapport with your client while guiding a past life session. What post-session recommendations or homework assignments can you make to a client to support the on-going integration of the session?
  9. What might a client expect to experience after a past life session? To what extent do you discuss this with clients?
  10. How do you ground the client before he or she leaves your office?
  11. In what ways (what kinds of client and/or problems, within what overall assumptions) do you use Past Life Therapy?
  12. What are some good ways to help a client move from one scene to another?



13. Do you think it is best to move up slowly to traumatic material or access it rapidly? Give your reasons for your opinion.
14. What are some good ways to deal with "blocking"?
15. Are the death and Interlife always important to examine? If you think not, why not and when would you not examine them? If you think they are always important, why?
16. Describe how you discuss Past Life Therapy with people (including clients) who are (a) skeptical scoffers or (b) true believers.
17. What do you consider your own personal or professional limitations as to what kinds of clients and/or problems you will accept for Past Life Therapy?
18. As a Past Life Therapist, what do you see as your personal and professional responsibilities to the field in general?
19. What are the legal requirements for the practice of Past Life Therapy in your locality? Do you meet them?

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

Date: \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed packet of application forms and materials to Virginia Waldron at [gatkepr@gmail.com](mailto:gatkepr@gmail.com).