

The International Board for Regression Therapy

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

Application for Individual IBRT Certification

Directions: please print or type this form. It is important to be thorough and provide all relevant information requested in each section. Your application is not complete until all required supportive data and letters of references have been received. This application is for certification as: (check appropriate box).

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

Number of years you have practiced Past Life Therapy: _____ Full Time or Part Time

1. Personal Data

Name (first, middle, last): _____

Address: _____

Telephone (home): _____ (work) _____

E-mail address: _____

Website (if you have one): _____

2. Preparation to work with an altered state of consciousness.

Please describe your preparation to work with altered states of consciousness. List all courses, seminars and other training experiences. (Attach additional sheet, if necessary).

Dates (from – to):

Name of school:

Course or program:

Name of facilitator:

Location:

Contact hours:

Name of course, modality taught and description of course content:

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)

Classical Hypnosis Ericksonian Hypnosis NLP Guided Imagery Relaxation Techniques Other

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

3. Preparation 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.)

Date(s) from-to:

Name of school, program, course, facilitator:

Location:

Contact hours:

Name of course, modality taught and description of course content:

Please include with this application photocopies 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. Academic Record – since high school, starting with the most recent

School:

Location:

Dates attended:

Degree or credit received:

Major:

Please include photocopies 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 photocopies of any certificates of membership.

6. References

Names and addresses of three (3) persons whom you have requested to complete an IBRT Reference Form. These are to be completed and returned directly to IBRT by the persons completing them.

<u>Name:</u>	<u>Position held</u>	<u>Address</u>	<u>Telephone number</u>
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1.

2.

3.

7. Licensure or Professional Certification

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

<u>Type</u>	<u>Issued by</u>	<u>Date issued</u>	<u>Number</u>	<u>Date of expiration</u>
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Please include any additional information that you feel might be germane to your application for IBRT certification.

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: _____

Be certain to include:

Required:

- Two video or Zoom recordings of past life sessions conducted by you with subjects who have signed an Informed Consent Form for their release to IBRT. [Note: Graduates of IBRT-accredited training programs need submit only one video recorded session.]
- Photocopies of diplomas, certificates of completion, licenses, and other verifying documentation.
- Check or money order (or payment on our website through PayPal) to cover the costs of processing this application (non-refundable) and certification fee for two years (refundable if your application for certification is not accepted by IBRT.)

Fees:

\$75 application fee plus first 2 year's certification fee of \$190 (2x\$95) – Total = \$265 [Note: Graduates of IBRT-accredited programs are certified for 3 years.]

Please send completed application to:

International Board for Regression Therapy
3746 Mt. Diablo Blvd. Suite 200
Lafayette, CA 94549

For Board Use Only – Do not write below this line.

- Completed application received on: _____ Check No. _____ Amount \$ _____ PayPal payment \$ _____

- Evaluation – Phase I completed on: _____ by _____

- Evaluation – Phase II – Board examination Written Site: _____ Date: _____ Passed yes no

- Certification approved on: _____ Certificate No. _____

- Certification not approved on: _____ Comments/remarks: