

Trauma-Informed Practices & Expressive Arts Therapy Institute

APPLICATION FORM FOR EXA-CE—EXPRESSIVE ARTS – COACH EDUCATOR [TRAUMA-INFORMED] CERTIFICATION DESIGNATION

Last Name/Surname:	
First Name/Given Name:	
Email Address:	
Mailing Address:	
Phone:	
Other/Optional (Skype ID, WhatsApp, etc)	
Website/Optional:	

Professional Background:

Applicants for this designation include individuals with undergraduate/bachelor’s degrees in the arts, humanities or education, health or other types of coaches, nurses and nurse practitioners, occupational therapists, physical therapists, emergency medical workers, acupuncturists, bodyworkers (massage therapists, Rolfers®, Craniosacral and Polarity therapists, Feldenkrais practitioners, yoga practitioners, and others), first responders, crisis center staff, educators, mediators, clergy, and chaplains.

Please describe your professional background and current work and why you are interested in the EXA-CE program in the space below:

Attestation: I verify that the information I have submitted is correct and valid at the time of this application.

Signature <small>[indicate if you are using an electronic signature]</small>	
Print Name:	
Date:	

Non-Refundable Application Fee of \$50 USD: Please use our payment portal at <https://www.trauma-informedpractice.com/exat-and-exa-ce-certification/> to make a secure payment. Please email this completed form to traumainformedpractice@gmail.com.