

Application for the Growth and Transition Training Program

Anne Taylor Lincoln, LPC
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I. IDENTIFICATION

Full name: _____

Nickname: _____ SS#: _____

Address: _____ DOB: _____

City: _____ State: _____ Zip: _____

Email (home): _____

Agency/Employer: _____ Your Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

II. EDUCATION

Current Level of Education: _____

Degree and Date: _____

Specialization: _____

Professional Interests: _____

Licenses and Certificates: _____

Have you ever had your license or certification suspended or revoked? If yes, please explain:

III. PROFESSIONAL ORGANIZATIONS AND MEMBERSHIPS (active and inactive)

IV. WHICH 3-DAY OR 5-DAY EXTERNALIZATION WORKSHOPS HAVE YOU ATTENDED?

(include dates and leaders) _____

V. WHAT ARE YOUR PROFESSIONAL GOALS FOR THIS TRAINING?

VI. WHAT ARE YOU PERSONAL GOALS FOR THIS TRAINING?

We are limiting the number of participants to 24 (minimum 16) for this three-part Training Program. CEUs will be available upon completion of the entire (three weekend) program. After we have received your completed application, we will contact you about your acceptance and further details.

For more information, visit www.growthandtransition.com or contact Anne Taylor Lincoln at 520.325.3100 or atl@growthandtransition.com