

**Please complete the following pages to apply for our Certification Programs.**

**Mail or fax with payment to:**

Crisci & Mayer  
55 Eglinton Ave. East  
Suite 506  
Toronto, ON M4P 1G8  
Fax: (416) 480-2922

**Registration and refund policy:**

Cancellations with a full refund minus a \$25 cancellation fee will only be allowed up to 7 days prior to the course start date. After that time your payment will not be refunded.

**Course locations:**

Courses will be held at our downtown offices.  
55 Eglinton Ave. East, Suite 506, Toronto, ON M4P 1G8

**Payment Method:**

Payment can be made by either cheque or VISA. NSF cheques will be subject to a fee of \$25.

**For further inquiries:**

You can visit our website at [www.ckmconsultation.com](http://www.ckmconsultation.com)  
or contact Sandra Marshall (416) 480-1611 ext. 223 or by email at [training@ckmconsultation.com](mailto:training@ckmconsultation.com).

For detailed information about our Certification Programs including schedules, requirements and course work outline please visit our website at **[www.ckmconsultation.com](http://www.ckmconsultation.com)**.

# Certification Program Application Form

✓ Complete all pages of this form

✓ Fax number: **416-480-2922**

✓ Include all required documents

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Fax: (416) 480-2922

## → Registration Information

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
AGENCY (IF APPLICABLE)

\_\_\_\_\_  
ADDRESS (NUMBER AND STREET)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
PROVINCE

\_\_\_\_\_  
POSTAL CODE

(     )

(     )

\_\_\_\_\_  
DAYTIME PHONE NUMBER

\_\_\_\_\_  
EVENING PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

**I am registering for the following certification program(s):**

- Sexualized Behavior Assessment and Treatment Certification Program (Children and Prepubescent Youth)
- Trauma Assessment and Treatment Certification Program (Children and Adolescents)

→ Program Requirements

Please attach the following to your application form:

- ✓ Resume
- ✓ Transcripts (College or University)
- ✓ Recent Police Check     attached  
    to follow (details \_\_\_\_\_)

**Prerequisite Courses (if applicable):**

- I am currently registered for and/or in the process of completing all pre-requisite courses
- I have completed all pre-requisite courses

**List 3 professional references:**

NAME	ORGANIZATION	PHONE NUMBER
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→ Payment Information

Please do not send your credit card information via email as it is not secure. Please fax or mail this portion of the form to our offices.

**Certification Program Cost: \$2,750 (+GST)**

**Total Amount Enclosed: \$ \_\_\_\_\_**

Cheque (enclosed)  
Please make payable to **Crisci & Mayer**

VISA

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
/ \_\_\_\_\_  
EXPIRATION DATE