

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
or contact Sandra Marshall (416) 480-1611 ext. 223 or by email at 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**.

Certification Program Application Form

- ✓ Complete all pages of this form
- ✓ Fax number: **416-480-2922**
- ✓ Include all required documents

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Toronto, ON M4P 1G8
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→ Registration Information

FIRST NAME

LAST NAME

AGENCY (IF APPLICABLE)

ADDRESS (NUMBER AND STREET)

CITY

PROVINCE

POSTAL CODE

()

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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