

**Registration Form: ISST Trainer/Supervisor Webinar for Certification as a Schema Therapy Trainer/Supervisor**

**Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Discipline:**

**( ) LCSW ( ) Masters Level Counselor ( ) Psychologist**

**( ) Psychiatrist ( ) Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Licensed: Yes ( ) No ( )**

**State/Country: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Years in Professional Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certified in Advanced Schema Therapy: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

**Confirm that you began Advanced Schema Therapy Training prior to January 2014:**

**Yes \_\_\_\_\_ No \_\_\_\_\_\_**

**IF PART OF THE DUTCH GRANPARENTING PROGRAM PLEASE NOTE: Yes \_\_\_\_ No\_\_\_\_\_**

**Payment: $45 for 3-hour Webinar**

**\_\_\_\_\_ Tuesday, October 22nd, 2019 from 8:30-11:30 AM, EDT**

**Payment is due by October 4th, 2019**

* **\_\_\_\_\_\_Check enclosed – made payable to Jeff Conway, LCSW**
* **\_\_\_\_\_\_I will make a Pay Pal payment to:** [**CONWAYJ111@AOL**.COM](mailto:CONWAYJ111@AOL.COM)
* **\_\_\_\_\_\_I will make a Venmo payment to Jeffrey-Conway-4**

**If payment by check please make payable to / send to**:

Jeff Conway, LCSW

875 6th Avenue, Suite 1603

New York, NY 10001

USA

EMAIL REGISTRATION FORM TO: JCONWAYNY@GMAIL.COM

**Required:** **Please put an X in the boxes below and add your name and date on the line indicated. If you will be using fax or postal mail, please sign on the line. If you will be applying by email, please *type* your name and date, or use an electronic signature.**

**□** I understand that space is limited, and the supervision group is only financially feasible based on the guarantee of a minimal number of accepted participants. Therefore, I understand, once my application is accepted and monies have been paid, there will be no reimbursements or refunds under any circumstances.

**By placing an X in the box above -- and by typing or signing my name and the date on the lines below -- I am accepting these terms as a binding agreement.**

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Type or Sign Your Name Date