

**Committee of Licensing Authority
The Japanese Association of Psychological Rehabilitation**

Application Form for the Authorized Supervisor

Applicant's

Family Name Middle Name Given Name Date of Birth
 _____ _____ _____ ____ / ____ / ____

Present address of residence

Tel. + _____ (_____) e-mail: _____

Present work place address

Tel. + _____ (_____) e-mail: _____

Work experience after obtaining the certificate as the authorized Dohsa-hou Trainer

Employer	Post / Occupation	Period		Remarks
		From	To	
	/			
	/			
	/			
	/			
	/			
	/			

I hereby apply for the certification of Dohsa-hou Trainer with written application and fee (¥) under the provisions and agreement of The Committee of Licensing Authority of the Japanese Association of Psychological Rehabilitation.

Applicant's Signature: _____ Nationality: _____ Date: ____ / ____ / ____

Note: Please attach all the copies of certificates which you have earned previously along with this application.