

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

Application Form for the Authorized Trainer

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: \_\_\_\_\_

Educational Qualification:

Education level	School / University	Month / Year completed	Field of study	Comments
Doctor		/		
Master		/		
Bachelor		/		
High School		/		
		/		
		/		

Job Experience:

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

Details of Previous Psychological Rehabilitation Camp attended:

Camp Name	Place	Period		Supervisor's name
		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.