

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

Recommendation for Authorized Supervisor

Date: _____ / _____ / _____

Recommended by:

Supervisor's Name and Signature: _____

Supervisor's Affiliation: _____

Supervisor's Name and Signature: _____

Supervisor's Affiliation: _____

Supervisor's Name and Signature: _____

Supervisor's Affiliation: _____

I certify and recommend that the following person has completed the fixed training programs of psychological rehabilitation to apply for an authorized qualification of Dohsa-hou Supervisor under the provisions and agreement of the committee of licensing authority, The Japanese Association of Psychological Rehabilitation.

Recommendee's Family Name	Middle Name	Given Name	Date of Birth
_____	_____	_____	_____/_____/_____

Present address of residence

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

Present work place address

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

Details of Previous Psychological Rehabilitation Camp attended:

Camp Name & Place	Period		Supervisor's name	Remarks
	From	To		

Note:

- 1) If recommendee were instructed by some supervisors, fill in all the supervisors' name in Remarks.
- 2) If recommendee were instructed by a person without authorized qualification, write down the supervisor's name with authorized qualification who participate the camp in Remarks.

<Other achievements after obtaining the qualification as the authorized trainer (i.e. case reports or presentations etc.>
