Committee of Licensing Authority
The Japanese Association of Psychological Rehabilitation

Recommendation Form for the Authorized Trainer

I certify that the following person has completed the fixed training programs of psychological rehabilitation and therefore she/he is qualified as a Dohsa-hou Supervisor candidate under the provisions and agreement of the committee of licensing authority, The Japanese Association of Psychological Rehabilitation.

Supervisor's Name: _____ Supervisor's Affiliation: _____
Signature:_____ Date:____/____/____

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 From	To	Supervisor's Name	Remarks

Note:
1) If the recommendees are instructed by some supervisors, fill in all the supervisors' name in Remarks.
2) If the recommendees are instructed by a person without the authorized qualification, write down the supervisor's name with the authorized qualification who participates the camp in Remarks.