

**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 Trainer of Psychological Rehabilitation

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

I hereby apply for the certification of authorized Supervisor of Psychological Rehabilitation 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.