

**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 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.