

**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 an authorized Supervisor of Psychological Rehabilitation 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		Supervisor's Name	Remarks
	From	To		

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.