



Application for Certified Clinical Trauma Professional Level II (CCTP-II)

Date: _____

Name (as it appears on your license, registration, credential or membership):

Street Address: _____

City: _____ State/Territory: _____

Postal Code: _____ Country: _____

Phone: _____

Email Address: _____

I attest to the following (please initial each):

___ I am a licensed, registered, credential or membered professional as outlined in Criterion 2.1 of the Certification Standards

___ My professional license, registration, credential or membership is current and in good standing as outlined in Criterion 2.2 of the Certification Standards

___ I meet and have provided evidence that I meet the prerequisite requirements for Certification as outlined in Criterion 3.1 of the Certification Standards

___ I have completed the required 18 education clock hours/CPD of Complex Trauma education and 6 education clock hours/CPD of a trauma-processing skills training as outlined in Criterion 3.2 of the Certification Standards

___ I have worked with at least 5 clients who have suffered from complex trauma for a minimum of 6 months in duration and has received at least 10 hours of clinical supervision as outlined in Criterion 3.2 of the Certification Standards

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my professional board may be contacted.

I understand that information submitted with this application may be verified for accuracy by Evergreen Certifications. I also agree to contact the Evergreen Certifications in the event I no longer meet the requirements to be a Certified Clinical Trauma Professional Level II (CCTP-II).

Signed: _____ Date: _____