



Application for Certified Integrative Relationship Therapy Professional

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 state or nationally licensed (or equivalent outside the U.S.) professional as outlined in Criterion 1.1 of the certification standards

_____ My professional license is current and in good standing as outlined in the Evergreen Certifications Code of Ethics

_____ I have completed the required 30 education hours as outlined in Criterion 2.1 of the certification standards

_____ I have completed the group consultation as outlined in Criterion 3.0 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 licensing 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 Evergreen Certifications if I no longer meet the requirements to be a Certified Integrative Relationship Therapy Professional (C-IRT).

Signed: _____ Date: _____