IMAGO
RELATIONSHIPS

Registration: Imago Clinical Training Program

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email_____

This Certification Program consists of 72 hours (12 days) of clinical training, plus 24 hours of advanced training and consultation, PLUS required GTLYW or KTLYF workshop. Additional supervision/consultation required for certification.

Cost for this program is $4,000 in advance, $1,025 one week before each module, or $350 per month for 12 months.
For therapist's partner or partner interested in educator track.
$2000 in advance, $515 one week before each module, or $175 for 12 months

Payment: Zelle @Margaret Bedrosian or Venmo: @Garet-Bedrosian or Mail checks to Garet Bedrosian 20119 Para Siempre Vista, Ramona, CA 92065 (Please read cancellation policy)

For further details on credentialing information and payment please contact Garet Bedrosian at garet@garetbedrosian.com or 619.300.8002.

_____ I am pursuing the *Clinical Track* for certification
_____ Attending with my partner ___ as a clinician or ___ to become an *Imago Educator*.
_____ Auditing the Clinical Track

I will be attending the following Clinical Training:

Clinical Instructor(s): Garet Bedrosian, LCSW, CIRT, MFEC, CBT

Training Location: Ramona, CA

Clinical Training dates: 2023

Module Two: 2023

Module Three: 2023

Certification and Special Topics: TBD

* The program may be a combination of online and in person at Garet's ranch in Ramona, CA.

Imago Clinical Training

The Clinical Training Program is designed for mental health clinicians with a current practice that includes "couples" work. Its primary purpose is to help clinicians become more effective in helping couples create a "conscious" relationship.

In order to register for this program, you must have the following credentials:

_____ Graduate degree in a related field (M.S.W., MFT, PhD., M.Div., etc.).

_____ Requisite hours of post-graduate supervision (Half must be one-on-one.)

(Supervision is defined as hours spent with a supervisor, not number of clinical hours supervised. Send name and address of supervisor(s) and written recommendation supervisor, if supervised within the past 5 years.)

_____ Significant number of hours in clinical and supervised work with couples.

_____ Ideally, have a current practice that includes couples work or a means to gain experience working with couples

_____ Be a member of a national professional organization with accreditation requirements that include clinical and supervised hours, or meet equivalent requirements by state licensure, or describe and document your supervision history.

_____ Curriculum Vitae or resume

_____ A completed registration form

_____ A copy of your professional license

_____ A copy of your graduate degree in the mental health field.

_____ A copy of the facing page of your liability insurance with policy number.

_____ A non-refundable deposit of 350.00 ($US dollars).

_____ Attend a 18-hour workshop, either GTLYW (if in a relationship) or KTLYF (if not in a relationship) led by a Certified Workshop Presenter. (If you cannot attend a workshop before the start of the training, please talk to Garet.)

I have attended a 20-hour Getting The Love You Want Workshop Yes ____ No _____

Date _____ Presenter _____ Location _____

Or, I plan to attend workshop during Training Yes _____ No _____ Date _____

Estimate the extent of your clinical experience in areas listed below.

Individual _____ Est. Years Couple/Relational Therapy _____ Est. Years

Family _____ Est. Years Group _____ Est. Years

Estimate the total number of hours of Supervision of your Clinical work.

_____ Individual Est. Supervised Hours
_____ Couples
_____ Family
_____ Group Est. Supervised Hours.

Estimate your current caseload

_____ Individuals hours per week
_____ Couples/relational hours per week
_____ Family hours per week
_____ Group hours per week

Degree(s) and accrediting institutions:_____
_____

Current Professional Associations: _____
_____
_____

Have you had any malpractice suits or complaints against you? Yes ____ No ____

If yes please attach a separate sheet with comprehensive details and resolution.

Each application is reviewed by the Clinical Instructor on its own merit.
If you cannot include all of the above information, or meet all of the above requirements, please attach a cover letter to your application which addresses the exceptions. A personal interview with any applicant prior to acceptance may be requested.

Logistics: When your application has been accepted, you will receive an admissions letter. Please note that the Clinical Instructor is not responsible for prepaid travel arrangements.

I have read and accepted the terms outlined above.

Signature (required)_____

Print Name: _____