

MODULE ONE TEACHER CERTIFICATION APPLICATION

Date of Application: _____

I. Personal Information

Name: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone (home): _____

Phone (office): _____

Date of Birth: _____

Application Fee Enclosed: _____

Credit card information for payment if necessary:

Name on card: _____ Exp. Date: _____

Credit Card #: _____ Phone #: _____

II. On an additional sheet of paper please type your responses to the following ten questions:

1. List all the TARA Approach classes you have completed, including the number of repetitions, location and teacher.
2. Please list all TARA Approach classes in which you have assisted, location and facilitator.
3. Please list any relevant outside studies you have completed, including college or graduate degree studies, and certifications you have received.
4. Please list any service programs you have participated in and a description of your service.
5. Please describe your experience with the TARA Approach, both in giving and receiving treatments. Indicate if you have integrated TARA Approach treatment with the other modalities you use and what you have noticed.
6. What do you feel are your strengths as a TARA Approach student and practitioner?
7. What do you feel is your learning challenge as a student and as a practitioner?
8. Please write a brief autobiographical sketch of yourself as it pertains to your intentions in regard to teaching the TARA Approach.
9. Why do you want to be a TARA Approach Module One teacher?
10. Please let us know anything else you feel is relevant to this application.