

# The Coaches Training Institute CERTIFICATION PROGRAM APPLICATION

This document is a legally binding agreement.

You should [read the Certification Program Information Packet thoroughly](#) prior to completing this application to ensure you are familiar with all aspects of the program before you sign this agreement.

FOR OFFICE USE ONLY
Partner Contact _____
Email _____
Date of Receipt _____ <input type="checkbox"/> Approved
Need: <input type="checkbox"/> Name of Coach <input type="checkbox"/> \$ info
Student Notified of Application Status
Date: _____

## Section A: Contact Information

Name: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Fax: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Section B: Coaching Information

How many client do you currently have: \_\_\_\_\_ \*See minimum requirement in the Certification Info Packet.  
Month to Begin Certification: \_\_\_\_\_ Your Certified Coach: \_\_\_\_\_  
Length of Time Coaching: \_\_\_\_\_ Your Coaches Certification: ☐ CPCC ☐ PCC ☐ MCC  
Language(s) in which you are coaching: \_\_\_\_\_ Your Coaches Email: \_\_\_\_\_  
\_\_\_\_\_ Date Coaching began with my Coach: \_\_\_\_\_  
\_\_\_\_\_ \*Call Length: \_\_\_\_\_ minutes, \_\_\_\_\_ times a month  
Date *completed* Process: \_\_\_\_\_ The scheduling process for the actual classes will take place during the first half of the month, previous to the month, in which you are registered. The scheduling process is done via email and you will need email access during this time. See the Certification Info packet for more info on the scheduling process.  
Date of In The Bones: \_\_\_\_\_

## Section C: Materials Delivery

The certification course materials are delivered in electronic format. Hard copy materials are available for an additional fee. You will be given access and instructions to order hard copies, should you choose to, after you have been confirmed into an actual Pod. Prior to your program start date you will receive access to an online community where you can download the program materials at no additional fee.

## Section D: Payment Information (\*All prices are in U.S. Dollars)

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Registration: The Certification Program is a 25 week telecourse with 92 hours of coach training. Please check the appropriate box below to indicate your registration status:

- ☐ Previously registered: Deposit on file. (The amount of your monthly auto charges will depend upon the package you chose.)
- ☐ New registration: Course Tuition is \$4620. A deposit of \$710 is due with this application. (Auto charges will be \$782 each)

Regardless of how you registered, your remaining balance is to be paid in five automatic credit card charges each, beginning the 1<sup>st</sup> of the month following the start date of your program and approximately every 30 days thereafter. These payments will be charged to the credit card we have on file. If, for any reason your account is behind, CTI may charge your card to bring your account current.

**If not previously submitted, a \$710.00 deposit must accompany this application, of which \$50.00 is non-refundable and non-transferable.**

Please indicate your payment method (check or credit card) below even if you have previously registered:

All Checks must be in US Funds: You will be required to mail in five equal monthly payments (each one for one-fifth of your balance due) that will be due the first of the month following the start date of your program and monthly thereafter.

☐ Check Enclosed      Check number: \_\_\_\_\_

☐ Credit Card:    ☐ Visa    ☐ Mastercard    ☐ American Express    ☐ Discover

Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Billing Address:

Billing Address: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

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## Section E: Agreements

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Thank you for enrolling in the Certification Program. You are about to begin an exciting journey toward your coaching mastery. Please note: this agreement is a legally binding instrument upon written acceptance of your participation in the program you are enrolling in unless cancelled pursuant to the Buyer's Right to Cancel.

My signature below indicates:

- I have read and understand all of the aspects of the Certification Program as described in the Certification Program Information materials that accompany this application including the confidentiality agreement.
- I approve the charges CTI will make to my credit card as outlined above or agree to have my payments here by the due dates.
- I agree to pay \$140.00 for each missed supervision.
- I agree to keep my account current and understand the consequences if it is not.
- I understand that pod and triad calls may be recorded for training purposes or for the use of other pod members.
- I agree to take the actions required by the program design.
- I intend to be a full-out team player in this program and can be counted on to encourage, coach, and support my fellow program participants to do the same.
- Throughout the program, I can be counted on to be honest and coachable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

