

**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**

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

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**Section B: Coaching Information**

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How many client do you currently have: \_\_\_\_\_  
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  
Preferred Pod Time based on Pacific Time:  
Date *completed* Process: \_\_\_\_\_ 4-10AM \_\_\_\_\_ 11AM-2PM \_\_\_\_\_  
Date of In The Bones: \_\_\_\_\_ 3-5PM \_\_\_\_\_  
This does not lock you into a pod time. This is for us get an idea of what class times are preferable.

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**Section C: Materials Delivery**

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The course materials include a student manual and 12 Audio Modules delivered electronically. For an additional \$75 fee we will deliver hardcopy materials. Please check the appropriate box below to indicate your preference:

☐ I will download the course materials electronically. (pdf and mp3 format)

☐ I prefer to receive hardcopy materials. I understand that I will be charged a \$75 shipping and handling fee with this application.

For hardcopy, please provide a complete street address where you can receive a Federal Express package and have someone available to sign for it:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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## 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 61 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 \$4200. A deposit of \$700 is due with this application. (Auto charges will be \$700 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 \$700.00 deposit must accompany this application, of which \$75.00 is non-refundable and non-transferable.**

Please indicate your payment method (check or credit card) below:

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.
- 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