

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: _____ Day Phone: _____

Address: _____ Evening Phone: _____

Address: _____ Email: _____

City: _____ State/Province: _____ Fax: _____

Country: _____ Zip/Postal Code: _____ Mobile: _____

Section B: Coaching Information

How many client do you currently have: _____ Month to Begin Certification: _____ Length of Time Coaching: _____	*See minimum requirement in the Certification Info Packet. Your Certified Coach: _____ Your Coaches Certification: <input type="checkbox"/> CPCC <input type="checkbox"/> PCC <input type="checkbox"/> MCC
Language(s) in which you are coaching: _____	Your Coaches Email: _____ Date Coaching began with my Coach: _____ *Call Length: _____ minutes, _____ times a month
Date <i>completed</i> Process: _____ Date of In The Bones: _____	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.

Section C: Materials Delivery

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: _____

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

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 1st 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 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 _____

Section E: Agreements

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