

Application for Person Centered Thinking Trainer Certification

Name _____ County _____

Address _____

City _____ Zip Code _____

Telephone (Day) _____ (Evening) _____

Fax _____ Email _____

1. In a paragraph, tell us what has encouraged you to seek certification as a Person Centered Thinking Trainer: _____

2. Please document your PCT experience thus far:

I completed the 2-day Person Centered Thinking Training on _____ (date)
in _____ (location) provided by _____ (name of trainer)

- _____ I have read the criteria for becoming a certified PCT Trainer attached
- _____ I have met the pre-requisites required to become a Trainer Candidate
- _____ I have completed and attached my Learning Log (Capturing my experience using PCT tools and skills)
- _____ I have the necessary support (workplace and/or financial) to meet the requirements of the certification process (for family members and self advocates partial scholarships may be available)

3. Please describe these supports: _____

4. What skills and knowledge do you hope to gain from participating in this certification program?

5. Is there a specific issue or area of concern that prompts you to apply for this certification? What will you do once with this training? What are your goals for your certification?

6. Please list any memberships in advocacy organizations and indicate any office held. (Membership in organizations is not a requirement.)

7. What types of experience have you had supporting people with disabilities?

8. Why are you a good candidate for this trainer certification?

9. Please tell us more about yourself:

10. Please list two references – names, addresses and phone numbers. If you know a Certified PCT Trainer, please list (This is helpful but not required).

(1.) _____

(2.) _____

11. How did you learn about the Institute for Person Centered Practices?

*This application process is not intended to be a barrier to successful enrollment.
Please contact us with any questions about possible alternate formats.*

By submitting this application, I verify I reviewed and meet the prerequisites. I also understand, if selected, I am committing to attend all certification sessions and will complete all assignments.

Signature

Date

Email the completed form to:

Jim Walker
Training Coordinator
DIDD - WTRO
P O Box 949
11437 Milton Wilson Road
Arlington, Tn 38002
901 745-7341 office
901 233-0306 cell
jim.walker@tn.gov

CONFIDENTIALITY STATEMENT

The information provided in this application will be kept strictly confidential and will be used solely for the purpose of participant selection in the Tennessee Person Centered Practices trainer certification programs.