**APPLICATION FOR CRUCIBLE CASE CONSULTATION GROUP**

**With Barbara Fairfield and Grace Whitman**

Please send completed applications to sarah@crucibleinstitute.com

You will receive an email notifying you of the status of your application in a timely fashion.

**NAME:**

**EMAIL:**

**COMFORT LEVEL WITH ENGLISH (on a scale of 1 to 10, 1 being you can not read this, 10 being 100% comfortable):**

**WHAT IS YOUR CURRENT PROFESSIONAL CERTIFICATION:**

**YEAR OF LICENSE COMPLETION AND ACCREDITING INSTITUTION:**

**WHICH CRUCIBLE NEUROBIOLOGICAL THERAPY WORKSHOPS (CNT) HAVE YOU ATTENDED:**

**WHICH OTHER CRUCIBLE WORKSHOPS ATTENDED:**

**HOW MANY CRUCIBLE MONTHLY WEBINARS HAVE YOU VIEWED OR ATTENDED (0-5) (5-10) (10 +):**

**HOW MUCH DOES THE CRUCIBLE APPROACH INFLUENCE THE THERAPY YOU OFFER:**

**HAVE YOU HAD PREVIOUS SUPERVISION AFTER YOUR LICENSING REQUIREMENTS:**

**WHAT PROMPTS YOU TO APPLY FOR THIS CONSULTATION GROUP AT THIS TIME:**

**LIST ANY POTENTIAL CONFLICTS OF INTERESTS?**

**ANYTHING YOU WOULD LIKE TO ADD:**