



# SPIRIT 2 SPIRIT

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## Healing

Name: \_\_\_\_\_

### Certification Renewal Application

Please Fill Out Application In Its Entirety And  
Return With All Required Supporting Documentation To:

Spirit2Spirit  
Fax: 575.613.7167

Date: \_\_\_\_\_

## Renewal Application

Select one:  Certified Trauma Therapist (CTT®)  Certified Trauma Professional (CTP®)

CTT®/CTP® Certification Must Be Renewed 2 Years From The Date Of Final Certification  
And Every Twelve Months Following First Renewal

Please Fill Out The Information Below As You Would Like It To Appear On Your Certificate

## Contact Information

Full Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Education:

Have You Obtained Any New Degrees Since Your Last Certification Date? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please Provide Information Below:

### Current Level of Education:

Bachelor's Degree  Master's Degree  MD  PhD  Other \_\_\_\_\_

Academic Institution	Date of Graduation	Degree Earned



**New Certifications** (Professional & Job Related):

Certifications Turned Into Spirit2Spirit for Certification Purposes Must Be Current

Certifications Held	Date of Certification

**New Licenses:** Licenses Turned Into Spirit2Spirit for Certification Purposes Must Be Current

License Held	State	License Number

**New Department Of Law Enforcement Certifications:**

Police Academy, EMT/EMS, Firefighters Certificate, Etc: Certificates Must Be Current

Certification Held	Date of Completion

**Supervision**

If You Currently Receive Any Form Of Job Related Supervision Please Fill Out Information Below

Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Ethical Violations/Malpractice Claims**

Have ANY Malpractice Claims Been Brought Against You? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have ANY Professional, Legal or Ethical Hearings Been Brought Against You? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes Please Attach A Summary Of The Details Including Past and Pending Actions Against You As Well As Copies of All Relevant Information, Including Judgments, Pertaining To The Claims.



### Continuing Education

\*\*\*Please ensure you have completed and checked both below

<input type="checkbox"/>	Must Have Attended At Least 1 Trauma Conference In A 12 Month Period
<input type="checkbox"/>	Must Complete 15 Hours of CEU/PDH Credits In A 12 Month Period

### Required Documentation

The Following Documents Must Be Submitted In Order To Process Your Application

- Completed Renewal Application
- Copies of Any New Diplomas/Certifications/Licenses
- Copies Of Current Resume/Curriculum Vitae
- Copy of Current Malpractice Insurance (CTT® Only)
- Copies Of CEU/PDH Credits Earned
- \$75.00 Fee Mailed to Spirit2Spirit Attn: Linda Crane, PO BOX 190, Silver Springs, FL 34488

By Signing This Application, I hereby certify, that to the best of my knowledge and understanding, the information provided on this form is true and accurate.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### Payment Information - Please Check One Of The Following

- 
 
 
 

Name On Card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Card Code: \_\_\_\_\_

Exp: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*If you prefer to pay electronically, please email me with the request and we will send you an electronic payment link

\_\_\_\_\_  
Signature