

NAMA: National Anger Management Association

CERTIFICATION APPLICATION

___ ANGER MANAGEMENT SPECIALIST—I

Name (exactly as wanted on certificate) : _____

(Agency or Affiliation if Applicable): _____

Street Address (Office) _____

City _____ State: _____ Zip Code: _____

Website: _____

Daytime Phone: _____ Fax : _____ Email : _____

Shipping address (if different from above) _____

PROFESSIONAL BACKGROUND

In order for your application to be processed, you must answer ALL questions COMPLETELY

1. Type of Credentials:

___ BA / BS ___ RN ___ LPC ___ LSW ___ LCSW ___ LMFT ___ PhD ___ MD
___ Other - Please specify _____ License No. (If applicable) _____ State _____

2. How many years of experience do you have in providing anger management services?: _____

3. With how many clients are you currently working? ___ 1-10 ___ 11-20 ___ 21-30 ___ 30 or more

4. Years of experience providing anger management service: ___ 1-3 ___ 4-6 ___ 7-10 ___ 10 or more

5. Please check all areas of interest for future trainings. (You may check multiple fields)

___ Anger Management Updates in Treatment ___ Couples Anger Management ___ Children & Anger
___ Group Work ___ Adolescent Anger Management ___ Parenting & Anger ___ Other: _____

6. Would you be willing to provide outcome survey information measuring benefits of your work? ___ Yes ___ No

7. Please indicate if you work for:

___ Agency ___ Private Practice

8. Are you willing to volunteer to provide time and leadership for NAMA? ___ Yes ___ No

Please Specify: _____

9. Please indicate how and when you have fulfilled the Anger Management Content Component

Please specify _____

10. Please indicate name of Approved Supervisor with whom you have fulfilled the Supervision Component and date of completion.

Date of Completion: _____ Name of Approved Supervisor: _____

10. Please include all supporting documentation and \$100 processing fee with this application.

Credit Cards: Visa, MC, Amex _____ Exp. _____ Signature _____
(for fastest reply) FAX to (646) 390-1571

Checks payable to: NAMA—Fax or mail to: 2753 Broadway Suite 395, New York, NY 10025