

# NAMA: National Anger Management Association

## CERTIFICATION APPLICATION ANGER MANAGEMENT SPECIALIST—II

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  Both

8. Would 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 NAMA CEUs as required (Courses/Supervision, other).

List separately if necessary \_\_\_\_\_  
\_\_\_\_\_

10. Please indicate name of Approved Supervisor with whom you have fulfilled any CEUs and date of completion.

Date of Completion: \_\_\_\_\_ Name of Approved Supervisor: \_\_\_\_\_

10. Please include all supporting documentation and \$150 processing fee with this application.

Credit Cards: Visa, MC, Amex \_\_\_\_\_ Exp. \_\_\_\_\_ Signature \_\_\_\_\_

**(For fastest reply) FAX to (646) 390-1571** - you may also scan and email: [namass@namass.org](mailto:namass@namass.org)

OR—Checks payable to: NAMA—mail to: NAMA 100 Orchard Park Dr #26629 Greenville SC 29616-9998