

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: _____
Office Phone: _____ Email : _____ (Please confirm correct) _____
Shipping address (if different from above) _____

PROFESSIONAL BACKGROUND

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

- Type of Credential:
 BA / BS RN LPC LSW LCSW LMFT PhD MD
 Other - Please specify _____ License No. (if applicable) _____ State _____
- With how many clients are you currently working? 1-10 11-20 21-30 30 or more
- Years of experience providing anger management service: 1-3 4-6 7-10 10 or more
- 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: _____
- Would you be willing to provide outcome survey information measuring benefits of your work? Yes No
- Please indicate if you work for:
 Agency Private Practice Both
- Would you willing to volunteer to provide time and leadership for NAMA? Yes No
Please Specify: _____
- Please indicate how and when you have fulfilled the Anger Management Basic Content Component.
Please specify _____
- Please indicate name of Supervisor with whom you have fulfilled the Supervision Component and date.
Date of Completion: _____ Name of Approved Supervisor: _____
- Please include all supporting documentation and \$125 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

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