



CERTIFICATION APPLICATION

Please check one:

Certified Clinical Trauma Professional (CCTP) _____

Certified Expert Trauma Professional (CETP) _____

Certified Compassion Fatigue Professional (CCFP) _____

Certified Sex Offender Treatment Professional (CSOTP) _____

Certified Gambling Addiction Professional (CGAP) _____

Anger Management Treatment Provider (AMTP) _____

Certified Youth Trauma Treatment Professional (CYTP) _____

Date: _____

Name (as you would like it to appear on your certificate): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

IATP, LLC ENCOURAGES ELECTRONIC SUBMISSION OF PAYMENT AND DOCUMENTATION

Application for the credential must be accompanied by the following:

1. Completed application form
2. Current resume
3. Copy of college diploma or professional license
4. Copy of your certificates verifying successful completion of the 2-day, online, or DVD training program

If submitting application and payment electronically:

Pay through PayPal to dubi@traumapro.net in the amount of \$99.00 (please contact us at registration@traumapro.net for an invoice, if needed)

Send documentation to registration@traumapro.net or fax to 941-359-9988

If submitting application by mail:

Send documentation and check/money order in the amount of \$99 to:

IATP, LLC
Attention: Dr. Michael Dubi
5104 N. Lockwood Ridge Road, Ste 201
Sarasota, FL 34234

By submitting this application, I verify that the information is complete and, to the best of my knowledge, factual and true. I understand that failure to provide the required documentation may lead to delays in the processing of this application. I further understand that if any information is false or that I have misrepresented myself, I will be denied certification.