

The Therapon Institute, Inc.

Application For Admission

Please complete this enrollment form, enclose your tuition in the amount of \$290, and mail to:

The Therapon Institute
5049 Ehret Rd.
Marrero LA 70072
(504) 328-2249

Please print clearly or type all information.

Which school are you enrolling for? City: _____ Date: _____

Completion of TI's 28-hour curriculum is required for Belief Therapy Certification.

The Enrollment Deadline in our office is always 7 days before the starting date of the classes.

Pre-registration is required to insure a spot in the class.

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Date of Birth: _____

Home Telephone: _____ Work Telephone: _____

Web Site Address: _____ E-mail Address: _____

Recommended By: _____, **TI Consultant**

Education:

Please include copies of transcripts, certificates, licenses, and/or certifications to complete your qualifications for enrollment if they are available. The information provides backup for your certification file.

High School: _____ City: _____

Colleges and/or Graduate Schools:

1. _____ Years: _____ Degree: _____

2. _____ Years: _____ Degree: _____

3. _____ Years: _____ Degree: _____

4. _____ Years: _____ Degree: _____

Specialized Training:

List all seminars, workshops, certifications, awards, and/or special training you may have received.

1. _____
2. _____
3. _____
4. _____

Experience:

I am a/an.....(indicate with a check mark.)

Licensed Minister Ordained Minister LPC LCDC CPE Nurse
 Certified Marriage & Family Counselor Christian Counselor LCSW Pastor
 Chaplain Criminal Justice Medical Industrial, Military MSW LSW
 Teacher Therapist Treatment Assistant Addiction Counselor

How many years in the field above? _____ Counseling Experience (hours): _____

Please list the number of years you have spent in the pastorate, chaplaincy, counseling, teaching, etc., with a brief explanation. Life experience becomes valuable credit.

Comments: _____

Documentation:

If the Therapon Institute is evaluating your certification for Board Certification, please include copies of any certificates and transcripts (ministry license and/or ordination, seminars, workshops, continuing education, LPC, LCSW, LAC, awards, etc.) with this application. It is important. If you would like to submit a detailed resume, you may do so. To have the Therapon *Board Certified* seal on your diploma, you must have completed/conducted 500 hours of actual counseling experience. We need to have this information in your file.

Tuition for the course you are enrolling in is \$290. The tuition must accompany your Application for Admission. Refund Policy: \$25 of the tuition is non-refundable. That is a one time processing fee. For a no-show at the school with no prior notification to the school, the refund is 50%. With one-week prior notice to the school, the refund is \$265. Please send application and tuition to: Therapon Institute, 5049 Ehret Rd. Marrero, LA 70072. Tel: (504) 328-2249 Fax: (504) 328-1817

To use Mastercard or Visa (circle which card) for your tuition, complete the following:

Name on the card: _____
Card Number: _____ Billing Zip: _____
Expiration Date: _____ Amount to charge: _____
Authorization Signature: _____