(*Please complete this form for each person applying.* You cannot save data typed into this form. *After you complete it, please print and scan it, and send to us by email attachment or postal mail.*)

Application Form for ThriveSphere: the Collaborative Marriage Reflectment Online Facilitator Training

Please register me for the ThriveSphere Facilitator Training via e-learning:

Name	Profession	Profession or Occupation (*see top of next page.)		
Organization				
Address – """Home or """""Office				
City		State	Zip	
Office Phone	'Cell or	""""Home Pl	none	
E-mail	Fax			
Professional Training (list schools and deg	grees):			
Your experience with couples:				
Number of new couples you work with per Professional license(s) or board certification				
Туре:	State:			
Туре:	State:			

Signature of Applicant

*If you are a graduate student or intern in the process of becoming a licensed human service professional, you may still become a ThriveSphere Facilitator. In this case, you must be connected with a licensed counselor or supervisor in your area who is willing to provide consultation and receive referrals from you for any couple whom you believe would be best served by seeing a professional counselor. In order to enroll in the ThriveSphere On-line Facilitator Training, you must provide the name, address and phone number of a licensed counselor who is willing to serve as your professional back up.

Name of back up licensed profe	essional				
Profession	Phone	Phone number			
Type of License	State	D	ate		
Address	City	State	Zip		
wants a separate administ complete a separate regis receive the 50% discount 30% for Trained COUPL 50% for Certified COUPL	00 off the \$85.00 fee). f married couple when both partners trative account for his or her individ tration form and register at the same	lual practice. B e time for the se \$59.50	oth partners must		
Your fee \$ If applicab	ble, name of spouse (send spouse ap	plication at sam	le time)		
Method of Payment		-			
	ayable to Interpersonal Communica ercardAmerican Express	tion Programs,	Inc.)		
Card #		_ Exp. Date _	_/ Code		
Is your address for registration the	rs on card Authorize		() No. If not, please		
give billing address for the credit of	card here:				
(A receipt will be mailed to the billing	address.)				
To apply for Thrive Sphere On-Li	ne Facilitator Training:				
Scan your completed applicatio	n and attach it with your request in a or	an email to: th	rive@comskills.com		

Send by postal mail with payment to:

Interpersonal Communication Programs, Inc. (ICP), P. O. Box 609, Evergreen, CO 80437

For information or to provide credit card information by phone: Call: 303-674-2051 or Toll-free: 800-328-5099