



Application for Certified Clinical Trauma Professional Level II (CCTP-II): Complex Trauma

Date: _____

Name: _____

Address: _____

City/State/Zip/Country: _____

Phone: _____

Email Address: _____

I attest to the following (please initial each):

____ I am a State licensed (or equivalent outside the U.S) professional as outlined in Criterion

____ My professional license is current and in good standing as outlined in Criterion B of the Certification Requirements

____ I have completed the required 18 education clock hours of Complex Trauma education and 6 education clock hours of a trauma-processing skills training

____ I have worked with at least 5 clients who have suffered from complex trauma for a minimum of 6 months in duration and has received at least 10 hours of consultation and/or supervision.

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my licensing board may be contacted.

I understand that information submitted with this application may be verified for accuracy by the International Association of Trauma Professionals (IATP). I also agree to contact the IATP in the event I no longer meet the requirements to be a Certified Clinical Trauma Professional Level II (CCTP-II) in Complex Trauma.

Signed: _____

Date: _____