

Taos 2017 Certification application

Your name: _____

How you want your name written on the certificate:

Please use this form when submitting your application for certification. You will also need to complete a registration form, this can be downloaded from the GTT website, or we can send you a copy by email.

In addition to completing the information below, we also ask you to submit a self evaluation of 1-2 pages. We ask that this is a personal reflection on your Holotropic journey.

Required modules	Date attended	Location
The Power Within		
The Holotropic Paradigm		
Music and Transcendence		
Spiritual Emergency		
Elective Modules		
1		
2		
3		
Repeated modules (if any)		

Required 10 workshops (In a group setting)	Date attended	Facilitated by
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Apprenticing dates (4 apprenticing's required)	Location	Facilitator/s
1		
2		
3		
4		

Consultations with certified facilitators (10 required – 1 of which must be specifically for music)	Date	Facilitator
1		
2		
3		
4		
5		
6		
7		
8		
9		
Music Consultation		

For GTT office use:

Recommended for the training by: _____

Self evaluation attached: _____