

## Application—Recognition for Expressive Therapy

The applicant seeks recognition to conduct expressive therapy, whereby: (1) The recognition applies to ISAP Participants, who are listed at ISAP as qualified therapists; (2) the expressive therapy (group or individual) takes place parallel to personal training analysis, and outside of the ISAP Program of Lectures and Seminars; (3) the student participates in one type of expressive therapy with one and the same therapist; (4) the student's participation serves his/her analytical process, i.e. it does not lead to qualification to conduct expressive therapy; (5) creditable time: minimum 20 hours, maximum 30 hours; (6) the student informs his/her personal training analyst that he/she is participating; (7) it is the student's responsibility to obtain the expressive therapist's written confirmation of hours, and to submit this to the Studies Secretary by the general deadline(s) for confirmation of analytical hours.

**Submission** Applications must be submitted **in three copies** to the Chair of Promotions Committee: Hanna Hadorn / Arnistrasse 3 / 8908 Hedingen. Use additional pages as needed.

Mr., Mrs., Ms _____	Address _____
First Name _____	_____
Last Name _____	_____
Email _____	_____
Tel _____	_____
ISAP Participant, since _____	_____
Expressive therapy type _____	Copy enclosed: certificate / other evidence of training _____
Practice as Expressive Therapist - Selection of dates/places	Optional: Teaching in same field - Selection of dates/places
_____	_____
_____	_____
_____	_____
_____	_____

Brief description of work, including its relevance to personal training analysis

I attest to the accuracy of the information provided. I understand the requirement for a face-to-face qualification interview with two recognized expressive therapists, on behalf of the Promotions Committee, and expect to be contacted for a meeting date.

Date, Signature \_\_\_\_\_