



satir institute
of the pacific

Supervisor Application for Satir Institute of the Pacific (SIP) Programs

Program Name *(if known)*: _____

Program Location *(if known)*: _____

Date of Application: _____

Name _____

Apt/Suite/Address _____

City _____ Province _____

Country _____ Postal Code _____

Email _____

Are you an SIP member in good standing? Yes No

Satir Training (starting with most current)

Satir Programs taught (starting with most current)

Professional Education

Professional Organizations

Do any of these have a code of Ethics? Yes No

Do you have Liability Insurance? Yes No

** Please enclose copies of professional association membership and liability insurance.*

(Proof of Professional Association Membership and Liability Insurance required yearly to be a Satir Approved Supervisor)

Please list two or three professional references and their contact information

Return to:

*Satir Institute of the Pacific
13686-94A Avenue, Surrey, British Columbia
Canada, V3V 1N1
Email: admin@satirpacific.org
Phone: 1-604-634-0572*