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**Trainer Application**

for programs approved by Satir Institute of the Pacific (SIP)

Program Name *(if known)* Click or tap here to enter text.

Program Location *(if known)* Click or tap here to enter text.

Date of Application: Click or tap to enter a date.

Name Click or tap here to enter text.

Apt/Suite/Address Click or tap here to enter text.

City Click or tap here to enter text. ProvinceClick or tap here to enter text.

Country Click or tap here to enter text. Postal Code Click or tap here to enter text.

Email Click or tap here to enter text.

Are you an SIP Clinical Member in good standing? Yes  No

(Note you must be a clinical or professional member in good standing to be a trainer of a program approved by SIP)

Satir Training (starting with most current)

Click or tap here to enter text.

Satir Programs taught (starting with most current)

Click or tap here to enter text.

Professional Education

Click or tap here to enter text.

Professional Organizations

Click or tap here to enter text.

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 Trainer)

Please list two or three professional references and their contact information

Click or tap here to enter text.

*Return to:*

*Satir Institute of the Pacific*

*20627 Fraser Highway,*

*Langley, BC Canada V4A 3G4*

*Email:* [*admin@satirpacific.org*](mailto:admin@satirpacific.org)

*Phone: 1-604-546-1539*