

NAMA: National Anger Management Association

CERTIFICATION APPLICATION ANGER MANAGEMENT SPECIALIST—I

Name (exactly as wanted on certificate) : _____
(Agency or Affiliation if Applicable): _____
Street Address (Office) _____
City _____ State: _____ Zip Code: _____
Website: _____
Office Phone: _____ Email : _____ (Please confirm correct) _____
Shipping address (if different from above) _____

PROFESSIONAL BACKGROUND

In order for your application to be processed, you must answer ALL questions COMPLETELY

1. Type of Credential:
 BA / BS RN LPC LSW LCSW LMFT PhD MD
 Other - Please specify _____ License No. (If applicable) _____ State _____
2. With how many clients are you currently working? 1-10 11-20 21-30 30 or more
3. Years of experience providing anger management service: 1-3 4-6 7-10 10 or more
4. Please check all areas of interest for future trainings. (You may check multiple fields)
 Anger Management Updates in Treatment Couples Anger Management Children & Anger
 Group Work Adolescent Anger Management Parenting & Anger Other: _____
5. Would you be willing to provide outcome survey information measuring benefits of your work? Yes No
6. Please indicate if you work for:
 Agency Private Practice Both
7. Would you willing to volunteer to provide time and leadership for NAMA? Yes No
Please Specify: _____
8. Please indicate how and when you have fulfilled the Anger Management Basic Content Component.
Please specify _____
9. Please indicate name of Supervisor with whom you have fulfilled the Supervision Component and date.
Date of Completion: _____ Name of Approved Supervisor: _____
10. Please include all supporting documentation and \$100 processing fee with this application.

Credit Cards: Visa, MC, Amex _____ **Exp.** _____ **Signature** _____

(for fastest reply) FAX to (646) 390-1571

OR—Checks payable to: NAMA—**Fax** or mail to: 2753 Broadway Suite 395, New York, NY 10025