

NAMA: National Anger Management Association

CERTIFICATION APPLICATION

DOMESTIC VIOLENCE SPECIALIST-II

Name (exactly as wanted on certificate): _____

(Agency or Affiliation if Applicable): _____

Street Address (Office) _____

City _____ State: _____ Zip Code: _____

Website: _____

Daytime Phone: _____ Fax : _____ Email : _____

Shipping address (if different from above) _____

PROFESSIONAL BACKGROUND

In order for your application to be processed and for NAMA records, please answer ALL questions COMPLETELY

1. Type of Credentials:

BA / BS RN LPC LCPC LSW LCSW LMFT PhD MD CAMS()
 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/DV services: 1-3 4-6 7-10 10 or more

4. Please check all areas of interest for future trainings. (You may check multiple fields)

Domestic Violence Updates in Treatment Couples Domestic Violence DV & Anger
 Group Work Family Domestic Violence 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 NAMA CDVS-I training required (Courses/Supervision).

9. Please indicate name of NAMA Supervisor with whom you have fulfilled requirements - date of completion.

Date of Completion: _____ Name of Approved Supervisor: _____

10. Please include all supporting documentation and \$150 processing fee with this application.

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

(For fastest reply) FAX to (646) 390-1571 - you may also scan and email: namass@namass.org

OR—Checks payable to: NAMA—mail to: NAMA 100 Orchard Park Dr #26629 Greenville SC 29616-9998