

# NAMA: National Anger Management Association

## CERTIFICATION APPLICATION

### ANGER MANAGEMENT SPECIALIST-S (for Students only)

Name (*exactly as you want on your Certificate*): \_\_\_\_\_  
(Student Program or Institution): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Please indicate whether the address above is your: \_\_\_ Home Address or \_\_\_ Business Address  
Daytime Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ Email : \_\_\_\_\_  
Website : \_\_\_\_\_ *Please enter Email address carefully.*

## PROFESSIONAL BACKGROUND

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

1. Type of Student degree you are pursuing:

\_\_\_ BA / BS \_\_\_ RN \_\_\_ LPC \_\_\_ LSW \_\_\_ LCSW \_\_\_ LMFT \_\_\_ PhD \_\_\_ MD  
\_\_\_ Other - Please specify \_\_\_\_\_

License (If applicable) \_\_\_\_\_ State \_\_\_\_\_

2. How many years of study will you require to graduate?: \_\_\_\_\_

3. With how many clients are you currently working? \_\_\_ none \_\_\_ 1-10 \_\_\_ 11-20 \_\_\_ 21-30

4. Years of experience providing anger management service: \_\_\_ 0-3 \_\_\_ 4-6 \_\_\_ 7-10 \_\_\_ 10 or more

5. 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: \_\_\_\_\_

6. Would you be willing to provide outcome survey information measuring benefits of your work? \_\_\_ Yes \_\_\_ No

7. Please indicate if you work for:

\_\_\_ University or Institution \_\_\_ Agency \_\_\_ Private Practice

8. Are you willing to volunteer to provide time and leadership for NAMA? \_\_\_ Yes \_\_\_ No

Please Specify: \_\_\_\_\_

9. Please indicate how and when you have fulfilled the Anger Management Content Component

Please specify \_\_\_\_\_

10. Please indicate name of Approved Supervisor with whom you have fulfilled the Supervision Component and date of completion.

Date of Completion: \_\_\_\_\_ Name of Approved Supervisor: \_\_\_\_\_

11. Please include any supporting documentation and \$75 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](mailto:namass@namass.org)

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