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Traumatology Institute Training Curriculum

TI APPLICATION – Certificate of Completion for Certified/Clinical Traumatologist OR Community & Workplace Traumatologist Designations Courses can be in-class, on-line or any combination of these training options

In some cases, individuals have completed course work (including training workshops and seminars) and practical experience (practicum) in the field of traumatology that is similar enough in content to that of the Traumatology Institute, that they meet the criteria for equivalency. You may apply for certification or equivalency by completing all sections of this application form and attaching the appropriate documentation. For the educational requirements, this includes a course syllabus/agenda and transcript/certificate showing course completion. The 100 hours of practice and the 20 hours of supervision may be documented in one of two ways: 1) by submitting a letter or other relevant document from the organization(s) with which one has performed the hours or 2) having the supervisor complete the appropriate section of the Review of Transcript form and attach a copy of the supervisor's curriculum vitae. In either case, a copy of the applicant's curriculum vitae should be included. There is a processing fee of \$75 for each application. This fee does not apply if 106/206 is completed through on-line training at www.ticlearn.com. This includes the cost of the Certificate of Completion and will be sent to the mailing address below.

1. Name: _____ Preferred Name: _____
2. Mailing Address: _____

3. Telephone (home): _____ (work): _____
4. Work Address: _____

5. Email: _____ URL: http://_____
6. Occupation/job title: _____ Credentials: _____
7. If in School – Name of School/Department/Program _____

Program Standing (i.e., 1st year doctoral, graduating MSW, etc.) _____
8. Applicable coursework: _____

9. Therapy skills/proficiencies/experience/certifications:

10. Completion of Traumatology Institute courses will prepare you to work with individuals who have been traumatized. This means that you will be exposed to experiences of an often heinous and graphic nature. Moreover, you will be expected to provide assistance toward the resolution of the effects of these experiences. What do you anticipate as being the personal difficulties that you will need to address and resolve to maintain your effectiveness?

11. What goals do you hope to achieve by work as a Traumatologist?

- ---
- ---
- ---

12. Identify what you believe to be your personal strengths:

13. Identify the areas which you believe that you need to develop:

14. If provided with a Traumatologist Institute (Canada) Certificate of Completion do you agree to the following:

- yes no To learn and follow the Code of Ethics for your particular discipline (C.Psych, SWK, MFT, MHC).
- yes no To adhere to the “above all else, do no harm” [*primum non nocere*] maxim of treatment.
- yes no To participate in the supervision process by case report and case discussion.
- yes no To seek supervision for situations that are beyond your competencies, skill level or that are overwhelming to you.
- yes no To immediately report any problems, questions or difficulties to your Trauma Supervisor.
- yes no To maintain a professional demeanour of respect with clients, colleagues and supervisors.

15. Check which Traumatology Institute Certificates of Completion you are applying for. Check all that apply:

Early Intervention Field Trauma: 101 Program in the Traumatology Institute (1 credit or 1 day course)

Field Traumatologist: 1001 in the Traumatology Institute (Canada) training curriculum (4 credit or 4 day course)

Clinical Traumatologist: Completion of Courses #101 or 1001, 202, 203, 204, 205, 206 to 207 in the Traumatology Institute (Canada) training curriculum

Community/Workplace Traumatologist: Completion of Courses #101 or 1001, 102, 103, 104, 105, 106 to 107 in the Traumatology Institute (Canada) training curriculum

Compassion Fatigue Training: 107 (Compassion Fatigue Resiliency & Recovery-Educator Designation) or 207 (Compassion Fatigue Specialist Training-Therapist Designation)

16. When and where did you complete the training programs above?

List course title, #, date, location and instructor. Add extra sheets if required.

Course Title	Number	Date	Location	Instructor

REVIEW OF TRANSCRIPT

Traumatology 101 or 1001 –Field Traumatology (see TI Profile for details)

I have acquired equivalency for Traumatology 101 or 1001 as follows:

Successfully completed course at licensed training site. Indicate date: _____

Name of training site & city/state: _____

Received equivalency. Approved by/date: _____

OR Applying for equivalency – documentation enclosed.

Course Name: _____ Date Completed: _____

Educational Institution: _____

Address: _____

Contact Name: _____ Phone Number: _____

Enclosed is a copy of my transcript/certificate reflecting course completion.

Enclosed is a copy of the course syllabus.

Comments: _____

Traumatology 102 or 202 – Treatment Referral or Assess (see TI Profile for details)

I have acquired equivalency for Traumatology 102 or 202 as follows:

Successfully completed course at licensed training site. Indicate date: _____

Name of training site & city/state: _____

Received equivalency. Approved by/date: _____

OR Applying for equivalency – documentation enclosed.

Course Name: _____ Date Completed: _____

Educational Institution: _____

Address: _____

Contact Name: _____ Phone Number: _____

Enclosed is a copy of my transcript/certificate reflecting course completion.

Enclosed is a copy of the course syllabus.

Comments: _____

Traumatology 103 or 203 -- Contextual Applications (see TI Profile for details)

I have acquired equivalency for Traumatology 103 or 203 as follows:

Successfully completed course at licensed training site. Indicate date: _____

Name of training site & city/state: _____

Received equivalency. Approved by/date: _____

OR Applying for equivalency – documentation enclosed.

Course Name: _____ Date Completed: _____

Educational Institution: _____

Address: _____

Contact Name: _____ Phone Number: _____

Course Name: _____ Date Completed: _____

Educational Institution: _____

Address: _____

Contact Name: _____ Phone Number: _____

Enclosed is a copy of my transcript/certificate reflecting course completion.

Enclosed is a copy of the course syllabus.

Comments: _____

Traumatology 104 or 204 – Tools for Trauma: Treatment Applications Module (see TI Profile for details)

I have acquired equivalency for Traumatology 104 or 204 as follows:

Successfully completed course at licensed training site. Indicate date: _____

Name of training site & city/state: _____

Received equivalency. Approved by/date: _____

OR Applying for equivalency – documentation enclosed.

Course Name: _____ Date Completed: _____

Educational Institution: _____

Address: _____

Contact Name: _____ Phone Number: _____

Course Name: _____ Date Completed: _____

Educational Institution: _____

Address: _____

Contact Name: _____ Phone Number: _____

Enclosed is a copy of my transcript/certificate reflecting course completion.

Enclosed is a copy of the course syllabus.

Comments: _____

Traumatology 105 or 205 – Group Trauma Approaches (see TI Profile for details)

I have acquired equivalency for Traumatology 105 or 205 as follows:

Successfully completed course at licensed training site. Indicate date: _____

Name of training site & city/state: _____

Received equivalency. Approved by/date: _____

OR Applying for equivalency – documentation enclosed.

Course Name: _____ Date Completed: _____

Educational Institution: _____

Address: _____

Contact Name: _____ Phone Number: _____

Enclosed is a copy of my transcript/certificate reflecting course completion.

Enclosed is a copy of the course syllabus.

Comments: _____

Traumatology 106 or 206 – Group Supervision (see TI Profile for details)

I have acquired equivalency for Traumatology 106 or 206 as follows:

Successfully completed course at licensed training site. Indicate date: _____

Name of training site & city/state: _____

Received equivalency. Approved by/date: _____

OR Applying for equivalency – documentation enclosed.

Course Name: _____ Date Completed: _____

Educational Institution: _____

Address: _____

Contact Name: _____ Phone Number: _____

Enclosed is a copy of my transcript/certificate reflecting course completion.

Enclosed is a copy of the course syllabus.

Comments: _____

Traumatology Practicum (100 hours)

****[Required for both Community & Workplace and Certified/Clinical Traumatologist Certifications]****

I have enclosed a letter from the organization with which I worked.

I have acquired the 100 face-to-face contact hours as follows (add extra sheet if needed):

Site/name of organization: _____

Dates of work: _____ Number Hours: _____

Site/name of organization: _____

Dates of work: _____ Number Hours: _____

I have enclosed detailed documentation of the 100 face-to-face contact hours. Examples of documentation include a letter from the organization you worked at (confirming dates and total hours) and sample field notes (omit names so as not to compromise the confidentiality of clients).

Briefly describe the work you did to fulfill this requirements (add additional sheets as required):

THIS SECTION TO BE COMPLETED BY YOUR SUPERVISOR:

Name: _____

Site/name of organization: _____

Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

Are you a Certified Traumatologist with the Traumatology Institute? Yes No

If not, please describe how you have fulfilled equivalency, based on the educational/experience requirements outlined above and attach a curriculum vitae (attach additional sheets as required).

I have supervised the work of the individual named in this application as s/he has described above:

Signature

Date

Comments:

Traumatology 107 or 207 – Compassion Fatigue Training (see TI Profile for details)

I have acquired equivalency for Traumatology 107 or 207 as follows:

Successfully completed course at licensed training site. Indicate date: _____

Name of training site & city/state: _____

Received equivalency. Approved by/date: _____

OR Applying for equivalency – documentation enclosed.

Course Name: _____ Date Completed: _____

Educational Institution: _____

Address: _____

Contact Name: _____ Phone Number: _____

Enclosed is a copy of my transcript/certificate reflecting course completion.

Enclosed is a copy of the course syllabus.

Comments: _____

DATABASE REGISTRY INFORMATION

Do you wish to have your name entered into the Traumatology Institute database for future use?

Yes

No

For inclusion in the Traumatologist Database please complete the following information

Professional Background

a. Are you professionally engaged in reducing emotional trauma in others?

Yes

No (describe):

b. Please list your current occupation:

Professional designation:

Job title/organization:

c. Please list all relevant academic degrees received and date:

d. Please list all relevant licenses/certifications held:

e. What types of traumatic experiences have you worked with (circle all that apply)?

Natural disasters	Work-related Accidents	Emergency Room
Veterans	Automobile/Boat Accidents	Compassion Fatigue
Kidnappings	Airplane/Train Accidents	Terrorism
Fires	Physical Violence/Shootings	Death and Dying
Domestic Violence	Suicide	Civilian War Trauma
Sexual Abuse	Civilian War Trauma	Dissociative Disorders

Others: _____

f. What types of populations have you worked with (circle all that apply)?

Children	Refugees	Perpetrators
Adults	Terminally Ill	Elderly
Families	Emergency Service Professionals	Mental Health Professionals
Minorities	Health Care Professionals	Veterans Clergy

Others: _____

g. How long have you been doing this type of work?

h. Do you intend to apply for further certification through the Institute?

Yes No

i. Personal Statement: *Please provide us with a brief statement (approximately 3 – 5 sentences) about your professional skills, experience, and areas of expertise (add space as needed).*

Confidential: For internal use only

17. Please check all of the following that apply to you. Note: each of these is optional and a “yes” answer will not necessarily exclude you from receiving a Certificate of Completion. This information is important for us in order to make informed decision about those receiving Certificates of Completion from the Traumatology Institute.

___ yes ___ no	Convicted of a felony
___ yes ___ no	Reported for abuse of a client
___ yes ___ no	Received disciplinary action from a professional organization
___ yes ___ no	Have been diagnosed with a mental illness
___ yes ___ no	Have received treatment for substance abuse
___ yes ___ no	Have experienced traumatic event(s)

If you answered “yes” to any of these questions, please write a brief explanation below (add extra paper if required):

I attest that the above information is, to the best of my knowledge, truthful.

Signature

Date

Action taken:

_____ Approved for Certificate of Completion

_____ Declined

_____ Further information required

_____ Approved with stipulation(s) below:

- _____
- _____
- _____
- _____
- _____

Institute Director

Date

To be completed at the Traumatology Institute after submission of application.

CODE OF ETHICS

As Traumatologists certified with the Traumatology Institute we are committed to the following ethical principles in our work with individuals, groups and communities who experience trauma in its many forms. In addition, we have a dedication to each other as a supportive collegial network respecting all our levels of experience and training.

Principle I: Respect for the Dignity of Persons

As trauma responders, we have an abiding respect for individuals who are experiencing devastating traumatic events in their lives. We are committed to recognizing the inherent dignity that people possess, with all the personal, social, spiritual and cultural diversity present in our society. We make every effort to provide interventions with respect to the dignity of those we serve as a primary ethical commitment. It is not our right to judge others, but rather assist them to understand, and ultimately come to terms with, the devastating events they have experienced.

We are dedicated to helping individuals, groups, and communities build on their unique strengths; to help enhance their coping skills, and, in the best possible time, to encourage their strengths so that they can become self reliant and independent.

Principle II: Responsible Caring

Traumatologists certified with the Traumatology Institute are dedicated at all times to approaches that are caring, compassionate, and positive. This commitment requires a dedicated sense of responsibility to those we serve. The requirements and interests of others are paramount in our work.

We have an essential commitment to extend our caring to colleagues and ourselves. We support our colleagues in their work and interventions and are available as involved colleagues when our own members need help.

Our dedication is to a collegial atmosphere of nonjudgmental support for our colleagues. We ensure that we remain personally healthy as trauma responders, and contribute in supportive ways to our own well being as we intervene and provide interventions.

We are committed to engage in proactive self-care and ongoing support and education.

Whether we are part of a peer debriefing team, individual trauma counselors, members of a community disaster response team, or members of a victim assistance group, we are committed to being available and providing cooperative support and help with issues of personal stress associated with trauma interventions and counseling.

We engage in mutual support and continuing education in all the appropriate areas of trauma response, not only to remain current and enhance our training but also to ensure that our interventions are appropriate and up to date, and that we are engaged in healthy self-care.

Principle III: Integrity in Relationships

We are dedicated to a strong sense of integrity in the relationships we develop with the traumatized individuals and groups to whom we provide interventions, including ourselves. As trauma responders we have a duty to be forthright in all our actions and behavior. It is our responsibility to ensure that we present accurately in terms of our competence in training, knowledge and credentials. We are not to misrepresent qualifications and levels of competence. We make every effort to extend respect to others, at all levels in our society, and with any

organization. We ensure that the right of confidentiality and privacy is actively maintained for those we serve. We have a positive attitude about the well being of others to the point where we are confident that our interventions “do no harm,” as we engage in providing help and interventions.

We hold fast to the Commitment of Confidentiality as a guiding principle in the interventions we provide. We are not afraid to indicate that we do not have all the answers and we are open and willing to learn.

We ensure that we refer traumatized individuals to the appropriate resources, providing ongoing liaison support for those who need it until additional support can be obtained.

We avoid, and exercise due caution whenever we find ourselves in, dual relationships with victims of trauma or those needing interventions. For example, we refer family members and personal friends to colleagues rather than provide interventions ourselves. Within organizations we ensure confidentiality for those we help and do not engage in practices that interfere with their right to privacy, respect and dignity.

Principle IV: Responsibility to Society

The Traumatology Institute is founded on the belief that as Traumatologists we are committed to responding to the needs of society at all levels, from individual events to the needs of traumatized groups and communities. In addition, we are committed to meeting the needs of our members in the areas of continuing education. Our ethical goal is a strong commitment to a mutually supportive group of colleagues who can bring trauma response skills and intervention strategies to people all over the world as the need arises, with a sense of responsibility to the people we wish to serve.

Each of us has something to contribute and provide in the area of interventions. People all over the world experience trauma in all its forms. As Traumatologists responding to traumatic events, we are dedicated to meeting the needs of our Society in a forthright ethical manner.

As Traumatologists, we dedicate our responses to providing appropriate support for individuals and community, to enhance the social fabric, and for the ultimate good of the societies in which we live as well as those around the world.

V. Disclaimer of Liability

I am applying for certification as a Field Traumatologist or Certified Traumatologist with the Traumatology Institute. I understand that earning the designation of Field or Certified Traumatologist means that I have fulfilled the requirements established by the Traumatology Institute Board. I also understand that certification in no way implies that the Traumatology Institute, The Florida State University, or The Florida State University Center for Professional Development is liable for my actions in delivering traumatology-related services.

VI. Signature

I have completed this application accurately and truthfully, to the best of my knowledge. I have read the Traumatology Institute’s Code of Ethics and agree to abide by its principles in my work as a Traumatologist. I have read the Disclaimer of Liability and agree to it.

Signature: _____ Date _____

APPLICATION - METHOD OF PAYMENT

NOTE: IF REGISTERING FOR CERTIFICATION THROUGH 106 OR 206 ON-LINE TRAINING THERE IS NO FEE REQUIRED WITH THIS APPLICATION

Please mail completed application, curriculum vitae, copy of highest degree or diploma and/or related equivalency or Traumatology Institute (Canada) programming. A \$75 fee, made payable to Traumatology Institute (Canada) is required for each Certificate of Completion requested.

(Send to the address below):

- Cheque or Money Order made payable to Traumatology Institute (Canada)
- Credit Card (only VISA & MasterCard accepted at this time)

CREDIT CARD #: _____ Expiry Date: _____

Signature: _____

Please feel free to contact us directly if you have any questions.

Sincerely,

Dr. A. B. Baranowsky
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45 Sheppard Ave. E., Suite 419
Toronto, Ontario Canada M2N 5W9

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