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**Application TI – Clinical Traumatologist - Certificate, Compassion Fatigue Specialist  
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 will be waived if the applicant is currently registered in the complete Clinical Traumatologist Program or has completed the on-line Clinical Training. 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. Phone (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., 1<sup>st</sup> year doctoral, graduating MSW, etc.) \_\_\_\_\_

8. Applicable coursework: \_\_\_\_\_

\_\_\_\_\_

9. Therapy skills/proficiencies/experience/certifications:

\_\_\_\_\_

\_\_\_\_\_

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10. Completion of Traumatology Institute (Canada) 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 with this population?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. What goals do you hope to achieve by working 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 Traumatology:** Completion of TI-1001 in the Traumatology Institute (Canada) training curriculum – through the Ticlearn On-line training stream
- Clinical Traumatologist-Certificate:** Completion of TI-1001, TI-202 to TI- 207 in the Traumatology Institute (Canada) training curriculum -- Clinical Traumatologist training stream
- Community & Workplace Traumatologist:** Completion of TI-1001, TI-102 to TI-107 in the Traumatology Institute (Canada) training curriculum – Community & Workplace Traumatologist training stream
- Compassion Fatigue Specialist Training:** 2-day program, Compassion Fatigue Specialist Training in Accelerated Recovery Program. Clinician training.

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**

**TI-1001 – Early Intervention Field Traumatology (see TI Profile for details)**

I have acquired equivalency for TI-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: \_\_\_\_\_

**TI-102  or TI-202  – Overview of Assessment & Interventions (see TI Profile for details)**

I have acquired equivalency for TI-102 or TI-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: \_\_\_\_\_

**TI-103  or TI-203  -- Standards of Trauma Care: Attachment, Systems & Context (see TI Profile for details)**

I have acquired equivalency for TI-103 or TI-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: \_\_\_\_\_

**TI-104  or TI-204  – Tools for Trauma: A CBT Approach (see TI Profile for details)**

I have acquired equivalency for TI-104 or TI-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: \_\_\_\_\_

**TI-105  or TI-205  – Group Approaches with Trauma Survivors (see TI Profile for details)**

I have acquired equivalency for TI-105 or TI-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: \_\_\_\_\_

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

Enclosed is a copy of the course syllabus.

Comments: \_\_\_\_\_

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**TI-106  or TI-206  – Supervision in Clinical Traumatology (see TI Profile for details)**

I have acquired equivalency for TI-106 or TI-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: \_\_\_\_\_

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

Enclosed is a copy of the course syllabus.

Comments: \_\_\_\_\_

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**Traumatology Practicum (100 hours)**

**\*\*[Required for both Community & Workplace and Clinical Traumatologist Certificates]\*\***

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 requirement (add additional sheets as required):

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**This section is to be completed by the supervisor:**

Name: \_\_\_\_\_

Site/name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a Clinical 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).

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

\_\_\_\_\_  
Signature Date

Comments:

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

I have acquired equivalency for TI-107 or TI-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: \_\_\_\_\_

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

Enclosed is a copy of the course syllabus.

Comments: \_\_\_\_\_

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**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 | Healthcare 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).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Confidential: For internal use only**

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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 an 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

## **CODE OF ETHICS**

As Traumatologists who have received Certificates of Completion 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 Certificate of Completion as a Field Traumatologist, Compassion Fatigue Specialist or Clinical Traumatologist with the Traumatology Institute. I understand that earning one of these designations 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

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 to contact us directly if you have any questions.

Sincerely,

Dr. A. B. Baranowsky  
Executive Director

### Traumatology Institute

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