

LEVEL 3 TRAINING PROGRAMS

Application Questions for IFS Institute-Organized Level 3 Training Programs

This information is for your reference and is not an actual application form.

Questions with a red asterisk * are required on the online application.

First name *

Middle name

Last name *

Please check your preferred pronouns.

- she/her/hers
- he/him/his
- they/their/theirs
- Alternate pronouns (fill in the field)

Credentials *

If you would like to share, please check all that apply:

- I identify as Black, Indigenous, and/or a Person of Color
- I identify as a member of the LGBTQIA+ community

If you would like to share additional information about your identity or identities, please do so below. (2000 characters max. including spaces)

Country *

Street address *

City *, State *, Zip Code *

Cell/Mobile Phone *

Work Phone

Home Phone

Emergency Contact First Name

Emergency Contact Last Name

Emergency Contact Cell/Mobile Phone

Emergency Contact Email Address

Emergency Contact Relationship to You

What other names have you gone by?

Please provide details about all Level 1, 2 and 3 trainings you have completed so far. *

Please describe your IFS experience and your professional intentions and goals for the model. *(2000 characters max. including spaces)

How did you hear about this training? * (drop-down menu)

Why did you decide to apply to this training? * (255 characters max. including spaces)

A Resume or CV is required for applicants who do not hold a clinical license in a mental health field. Files allowed: PDF, DOC, DOCX (1MB limit)