



# TransEgo Therapy™ Certification Program

- Brief Spiritual Psychotherapy -

## **To enroll in the *TransEgo Therapy (TET)-Clinician I Certification Program, you must have:***

- Completed the 6-hour *TET Core training*
- A master's degree in social work, psychology or related field, or be enrolled as a graduate level student in a relevant field of study. A certificate of *TET-Clinician I* is only valid if the holder is a licensed master level clinician or receives supervision from a licensed clinician.

## **The *TET-Clinician I Certification Program* includes:**

- Three *TET*-sessions with a *TET-Clinician*
- Completion of 21 documented practice sessions (7 "clients" x 3 sessions)
- Practical exam: *TET-session* over the phone.
- Support from a mentor
- Option (when available) to retake the *TET Core Training* (\$25 when requesting CE Credits)

## **After successful completion, you will (without charge):**

- Be listed on the *TET* website
- Receive online peer support
- Be able to access and download therapy tools, updates, and information

## **Tuition and Registration**

Enrollment fee (not including the *TET Core Training*) is \$495. You may pay in two installments: \$255 at registration and \$255 a month later. The fee will increase later this year. Please complete the Registration Form below and return with check. Graduate students may deduct \$50.00.

### **The InnerGuidance Network**

PO Box 224, Bethlehem, PA 18016-0224, Tel. 610-807-9405

[www.InnerGuidanceNetwork.org](http://www.InnerGuidanceNetwork.org) - [www.TransEgoTherapy.com](http://www.TransEgoTherapy.com) - [info@InnerGuidanceNetwork.org](mailto:info@InnerGuidanceNetwork.org)



## **Registration Form for *TransEgo™ Therapy Clinician I Certification Program***

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

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Student? Yes / No: Where: \_\_\_\_\_

Enclosed find a check with full payment for: \$ \_\_\_\_\_

Please return this form with check to:  
The InnerGuidance Network  
PO Box 224  
Bethlehem, PA 18016-0224