IBOC

IBOC ORAL EXAMINATION APPLICATION FOR CERTIFICATION AS TEACHING AND/OR SUPERVISING TRANSACTIONAL ANALYST
Form 12.11.4

This form must reach the IBOC Office **no less than six months prior to the date of the oral examination.**

Note for the candidate: keep a completed copy for your personal file.

Date: _____

I have met all requirements for examination and I am requesting to take the (tick or X)

☐ Teaching ☐ Supervising ☐ Teaching & supervising examination

in the field: Counselling ☐ Education ☐ Organizations ☐ Psychotherapy ☐

☐ I am requesting also to do the TOE exam

☐ I already passed my TOE exam on: _____ (date) with IBOC / EATA

I wish to be examined on: _____ (date) in: _____ (place)

I enclose:

☐ Payment of the current T/STA oral examination fee (see Appendix 1 and 2 for details)

☐ Principal Supervisor's Certification form (12.11.6)

Language (tick): ☐ English
☐ Other (state) _____

I will bring a translator: Yes __ No __
(If Yes, Name and email address of Translator):_____
Note: You cannot share an examinator who is also translating for another CTA or TSTA candidate

Candidate's signature: _____

Please print:

Candidate's name: _____

Address: _____

_____

_____

Telephone: _____ E-mail: _____