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**APPLICATION FOR RECOGNITION AS A MATURE SOCIETY  
AND  
REQUEST FOR LOCAL FACULTY TO TEACH 50% OF A FORMAL  
TRAINING PROGRAM**

**February, 2001**

**APPLICATION FOR RECOGNITION AS A MATURE SOCIETY  
AND  
REQUEST FOR LOCAL FACULTY TO TEACH 50% OF A FORMAL TRAINING PROGRAM**

**(Please print or type)**

Date \_\_\_\_\_

Name of Society \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State or Province \_\_\_\_\_ Zip Code or Numerical Codes \_\_\_\_\_

Country \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Director of Society \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State or Province \_\_\_\_\_ Zip Code or Numerical Codes \_\_\_\_\_

Country \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Office Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

1. In what year was your society created? \_\_\_\_\_
2. In what year was your first formal training program started? \_\_\_\_\_
3. Who was the international faculty member who coordinated your first training program?  
\_\_\_\_\_
4. How many formal training programs have been completed in your society? \_\_\_\_\_
5. In which years were the formal training programs completed?  
\_\_\_\_\_

6. What other international faculty members were teachers in the past in formal training programs in your society?

- a. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_
- b. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_
- c. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_
- d. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_
- e. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_
- f. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_
- g. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_

7. How many formal training programs are in process at this time? \_\_\_\_\_

8. Who is (are) the coordinator(s) of the formal training program(s)?

\_\_\_\_\_

9. Who are the present members of your Teaching Team? (The entire faculty involved in teaching the program including the international and local faculty?)

- a. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_
- b. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_
- c. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_
- d. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_
- e. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_
- f. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_
- g. \_\_\_\_\_ Number of years? \_\_\_\_\_ Dates \_\_\_\_\_

10. If you are requesting an exception be made to the IIBA Certification Guideline that two-thirds of the required teaching must be done by IIBA faculty and one-third may be done by local faculty, please list the number of days of teaching that you plan for international faculty members and the number of days of teaching that you plan for local faculty members for the entire four or five year training program in question.

- a. First Year \_\_\_\_\_ International Faculty \_\_\_\_\_ Local Faculty \_\_\_\_\_
- b. Second Year \_\_\_\_\_ International Faculty \_\_\_\_\_ Local Faculty \_\_\_\_\_
- c. Third Year \_\_\_\_\_ International Faculty \_\_\_\_\_ Local Faculty \_\_\_\_\_
- d. Fourth Year \_\_\_\_\_ International Faculty \_\_\_\_\_ Local Faculty \_\_\_\_\_
- e. Fifth Year \_\_\_\_\_ International Faculty \_\_\_\_\_ Local Faculty \_\_\_\_\_

11. Who will be the coordinator of the training program outlined in Number 10 above?

\_\_\_\_\_

12. Please answer the following for all local faculty members who will be part of the training program outlined in Number 10 above.

a. Name of local faculty member #1 \_\_\_\_\_

Name of society where CBT was received \_\_\_\_\_

Year CBT was received \_\_\_\_\_

Year became a supervisor \_\_\_\_\_

Number of years of experience working as a supervisor \_\_\_\_\_

Briefly describe the procedure to become a supervisor in terms of the requirements you were asked to meet, how you were evaluated, (live supervision, presentations before a group, etc.) and by whom you were approved \_\_\_\_\_

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

Year appointed as a local faculty member \_\_\_\_\_

Number of years of experience working as a local faculty member \_\_\_\_\_

Name of the society where appointed as a local faculty member

\_\_\_\_\_

Name of the coordinating international faculty member in the society when appointed as a local faculty member \_\_\_\_\_

Briefly describe the procedure to become a local faculty member in terms of the requirements you were asked to meet, how you were evaluated (live supervision, presentations before a group, etc.) And by whom you were approved. \_\_\_\_\_

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\_\_\_\_\_  
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Number of years of experience working as a psychotherapist \_\_\_\_\_

Number of years of experience as a practicing bioenergetic therapist \_\_\_\_\_

b. Name of local faculty member #2 \_\_\_\_\_

Name of society where CBT was received \_\_\_\_\_

Year CBT was received \_\_\_\_\_

Year became a supervisor \_\_\_\_\_

Number of years of experience working as a supervisor \_\_\_\_\_

Briefly describe the procedure to become a supervisor in terms of the requirements you were asked to meet, how you were evaluated, (live supervision, presentations before a group, etc.) and by whom you were approved \_\_\_\_\_

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\_\_\_\_\_

Year appointed as a local faculty member \_\_\_\_\_

Number of years of experience working as a local faculty member \_\_\_\_\_

Name of the society where appointed as a local faculty member

\_\_\_\_\_

Name of the coordinating international faculty member in the society when appointed as a local faculty member \_\_\_\_\_

Briefly describe the procedure to become a local faculty member in terms of the requirements you were asked to meet, how you were evaluated (live supervision, presentations before a group, etc.) And by whom you were approved. \_\_\_\_\_

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Number of years of experience working as a psychotherapist \_\_\_\_\_

Number of years of experience as a practicing bioenergetic therapist \_\_\_\_\_

c. Name of local faculty member #3 \_\_\_\_\_

Name of society where CBT was received \_\_\_\_\_

Year CBT was received \_\_\_\_\_

Year became a supervisor \_\_\_\_\_

Number of years of experience working as a supervisor \_\_\_\_\_

Briefly describe the procedure to become a supervisor in terms of the requirements you were asked to meet, how you were evaluated, (live supervision, presentations before a group, etc.) and by whom you were approved \_\_\_\_\_

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Year appointed as a local faculty member \_\_\_\_\_

Number of years of experience working as a local faculty member \_\_\_\_\_

Name of the society where appointed as a local faculty member \_\_\_\_\_

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Name of the coordinating international faculty member in the society when appointed as a local faculty member \_\_\_\_\_

Briefly describe the procedure to become a local faculty member in terms of the requirements you were asked to meet, how you were evaluated (live supervision, presentations before a group, etc.) And by whom you were approved. \_\_\_\_\_

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Number of years of experience working as a psychotherapist \_\_\_\_\_

Number of years of experience as a practicing bioenergetic therapist \_\_\_\_\_

d. Name of local faculty member #1 \_\_\_\_\_

Name of society where CBT was received \_\_\_\_\_

Year CBT was received \_\_\_\_\_

Year became a supervisor \_\_\_\_\_

Number of years of experience working as a supervisor \_\_\_\_\_

Briefly describe the procedure to become a supervisor in terms of the requirements you were asked to meet, how you were evaluated, (live supervision, presentations before a group, etc.) and by whom you were approved \_\_\_\_\_

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Year appointed as a local faculty member\_\_\_\_\_

Number of years of experience working as a local faculty member\_\_\_\_\_

Name of the society where appointed as a local faculty member

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Name of the coordinating international faculty member in the society when appointed as a local faculty member\_\_\_\_\_

Briefly describe the procedure to become a local faculty member in terms of the requirements you were asked to meet, how you were evaluated (live supervision, presentations before a group, etc.) And by whom you were approved. \_\_\_\_\_

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Number of years of experience working as a psychotherapist\_\_\_\_\_

Number of years of experience as a practicing bioenergetic therapist\_\_\_\_\_

13. Please ask each member of the international faculty involved in the training program outlined in Number 10 above to send a letter to Barbara Davis, Officer of the Teaching Committee stating that he or she believes that your society fits the definition of a mature society as stated in the Certification. They may include any additional recommendations related to your request.
  
14. Please send completed application to Barbara Davis, Officer of the Teaching Committee, email: bdavis512@aol.com.