



2016 CERTIFICATION TRAINING APPLICATION

Your Name _____ Date _____

Your City, State/Province, and Country _____

Please provide a description of current experience in applying the Collaborative & Proactive Solutions model:

Please provide a brief description of your current occupation/position and the opportunities you would have to assist in the dissemination of the CPS model once certified:

To complete the certification training, you'll need to have reliable access to 3-4 kids (not your own children) and their caregivers (teachers, parents) to practice the model. Please describe how you'll access these caregivers:

As you may know, attendance at one of Dr. Greene's advanced trainings is a prerequisite for participating in the certification training. If you've already attended an advanced training – or plan to attend one before the 2016 certification trainings commence -- please indicate the date and location here: