



*Registration: Imago Clinical Training Program*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

This Certification Program consists of 72 hours (12 days) of clinical training, plus 24 hours of advanced training and consultation, PLUS required GTLYW or KTYLF workshop.  
Additional supervision/consultation required for certification.

Cost for this program is \$4,000 in advance, \$1,010 one week before each module, or \$675 per month for 6 months.

For therapist's partner or partner interested in educator track.

\$2000 in advance, \$505 one week before each module, or \$345 for 6 months

Payment: Zelle @Margaret Bedrosian or Venmo: @Garet-Bedrosian or Mail checks to Garet Bedrosian 20119 Para Siempre Vista, Ramona, CA 92065 (Please read cancellation policy)

For further details on credentialing information and payment please contact Garet Bedrosian at [garet@garetbedrosian.com](mailto:garet@garetbedrosian.com) or 619.300.8002.

- \_\_\_\_ I am pursuing the *Clinical Track* for certification  
\_\_\_\_ Attending with my partner \_\_\_\_ as a clinician or \_\_\_\_ to become an *Imago Educator*.  
\_\_\_\_ Auditing the Clinical Track

I will be attending the following Clinical Training:

**Clinical Instructor(s):** Garet Bedrosian, LCSW, CIRT, MFEC, CBT

**Training Location:** Ramona, CA

**Clinical Training Module One date:** \_\_\_\_\_

**Module Two:** \_\_\_\_\_

**Module Three:** \_\_\_\_\_

**Certification and Special Topics:** \_\_\_\_\_

\* The program may be a combination of online and in person at Garet's ranch in Ramona, CA.

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### ***Imago Clinical Training***

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*The Clinical Training Program is designed for mental health clinicians with a current practice that includes "couples" work. Its primary purpose is to help clinicians become more effective in helping couples create a "conscious" relationship.*

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***In order to register for this program, you must have the following credentials:***

- \_\_\_\_\_ Graduate degree in a related field (M.S.W., MFT, PhD., M.Div., etc.).
- \_\_\_\_\_ Requisite hours of post-graduate supervision (Half must be one-on-one.)  
(Supervision is defined as hours spent with a supervisor, not number of clinical hours supervised. Send name and address of supervisor(s) and written recommendation supervisor, if supervised within the past 5 years.)
- \_\_\_\_\_ Significant number of hours in clinical and supervised work with couples.
- \_\_\_\_\_ Ideally, have a current practice that includes couples work or a means to gain experience working with couples
- \_\_\_\_\_ Be a member of a national professional organization with accreditation requirements that include clinical and supervised hours, or meet equivalent requirements by state licensure, or describe and document your supervision history.
- \_\_\_\_\_ Curriculum Vitae or resume
- \_\_\_\_\_ A completed registration form
- \_\_\_\_\_ A copy of your professional license
- \_\_\_\_\_ A copy of your graduate degree in the mental health field.
- \_\_\_\_\_ A copy of the facing page of your liability insurance with policy number.
- \_\_\_\_\_ A non-refundable deposit of 350.00 (\$US dollars).
- \_\_\_\_\_ Attend a 18-hour workshop, either GTLYW (if in a relationship) or KTLF (if not in a relationship) led by a Certified Workshop Presenter. (If you cannot attend a workshop before the start of the training, please talk to Garet.)

**I have attended a 20-hour Getting The Love You Want Workshop** Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ Presenter \_\_\_\_\_ Location \_\_\_\_\_

Or, I plan to attend workshop during Training Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

**Estimate the extent of your clinical experience in areas listed below.**

Individual \_\_\_\_\_ Est. Years      Couple/Relational Therapy \_\_\_\_\_ Est. Years

Family \_\_\_\_\_ Est. Years      Group \_\_\_\_\_ Est. Years

**Estimate the total number of hours of Supervision of your Clinical work.**

\_\_\_\_\_ Individual Est. Supervised Hours

\_\_\_\_\_ Couples

\_\_\_\_\_ Family

\_\_\_\_\_ Group Est. Supervised Hours.

**Estimate your current caseload**

\_\_\_\_\_ Individuals hours per week

\_\_\_\_\_ Couples/relational hours per week

\_\_\_\_\_ Family hours per week

\_\_\_\_\_ Group hours per week

**Degree(s) and accrediting institutions:** \_\_\_\_\_

**Current Professional Associations:** \_\_\_\_\_

**Have you had any malpractice suits or complaints against you?** Yes \_\_\_\_ No \_\_\_\_

If yes please attach a separate sheet with comprehensive details and resolution.

**Each application is reviewed by the Clinical Instructor on its own merit.**

If you cannot include all of the above information, or meet all of the above requirements, please attach a cover letter to your application which addresses the exceptions. A personal interview with any applicant prior to acceptance may be requested.

**Logistics:** When your application has been accepted, you will receive an admissions letter. Please note that the Clinical Instructor is not responsible for prepaid travel arrangements.

I have read and accepted the terms outlined above.

Signature (required) \_\_\_\_\_

Print Name: \_\_\_\_\_