

Case Consultation Registration

Name _____

Group Requested

Address _____

☐ Butterfly

City, State, ZIP _____

☐ Dolphin

Degree _____

☐ Panda

Profession _____

☐ Penguin

Phones: Work: _____

☐ Cheetah

Cell: _____

Fax: _____

Email: _____

I understand that all information that will be disclosed in this group is confidential and will remain within the supervision group. I agree to abide by the ethical and confidentiality standards of my professional organization. I practice under the State Laws of _____ and my practice (agency) is HIPAA compliant. If I am not a member of a professional organization, I agree to abide by the Ethical Standards of the American Psychological Association and the Play Therapy Best Practices of the Association for Play Therapy.

I affiliate with the following Professional organization for my standard for code of ethics. _____.

PLEASE READ CAREFULLY!!! IN ORDER TO PARTICIPATE IN THIS CONSULTATION GROUP, YOU MUST FULLY UNDERSTAND AND ABIDE BY THE FOLLOWING STATEMENT:

Program Fees:

The total cost of the five bi-monthly sessions of consultation is \$750.00. A deposit of \$150.00 **is required** to secure a position in the consultation group. It is applied toward the first consultation. The remaining four payments of \$150.00 each will be due after the second through fifth consultations. ***If for any reason, you cannot attend a session, the full payment of \$150.00 is still required for the day missed.*** However, you may schedule an individual consultation with Dr. Norton to make up for the missed time. **Your deposit and signing the registration form is your commitment to all Five sessions.**

A certificate will be provided at the completion of the group meetings for individual and group supervision hours as well as a separate certificate for academic hours completed.

I have read and fully understand the program fees outline. Please reserve my spot in the case consultation group. You may run my credit card for the amount of the deposit.

Signature

Date