



**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 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)

Supervisor's Certification form (12.11.6)

Language (tick): English
 Other (state) _____

Note: it is the candidate's responsibility to arrange for a translator.

Candidate's signature: _____

Please print:

Candidate's name: _____

Address: _____

Telephone: _____ E-mail: _____