



CERTIFIED TRANSACTIONAL ANALYST TRAINING CONTRACT
Form 12.6.1

COMMITMENT OF THE TRAINEE

1. I am a member of ITAA and, without prejudice to my right to resign, I will renew my membership annually for the duration of this contract.
2. I have reviewed and agree to honour the code of ethics and to follow the professional practice guidelines of the ITAA.
3. I have read and understand the ITAA Training and Examinations Handbook as it relates to CTA training.
4. I plan to be examined and certified as a transactional analyst with the following specialization (tick one):
 Counselling ____ Education ____ Organizations ____ Psychotherapy ____
5. I have made an agreement with the undersigned supervisor who will provide supervision and guidance in line with IBOC requirements.
6. I understand that this contract expires 5 years after the date of endorsement by IBOC.
7. If my field of specialization differs from my supervisor's, I am enclosing the required exception or expansion documents.
8. I enclose payment of the CTA contract filing fee (see fee schedule on ITAA Training Webpage)

Trainee accepts on (date): _____ Signature: _____

Last and first name (please print): _____

Address: _____ National association: _____

City and postal code: _____ Country: _____

COMMITMENT OF THE SUPERVISOR

1. I am a (*tick one*): Teaching and supervising transactional analyst (TSTA) ____ Provisional TSTA ____
 in the following field(s) (*tick*): Counselling ____ Education ____ Organizations ____ Psychotherapy ____
2. I am a member of ITAA and, without prejudice to my right to resign, will renew my membership annually for the duration of this contract. I agree to train the above mentioned trainee according to the guidelines and standards of IBOC. I have read and understand the ITAA Training and Examinations Handbook as it relates to CTA training.
3. I am aware of my responsibility to keep myself up to date with any changes related to IBOC standards or procedures concerning training and certification of CTA candidates.
4. If my field of specialization differs from the trainee's, I am enclosing my exception or expansion document(s).

Supervisor accepts on (date): _____ Signature: _____

Last and first name (please print): _____

Address: _____ National association: _____

City and postal code: _____ Country: _____

COMMITMENT OF THE TSTA SUPERVISOR (if applicable)

1. I am a teaching and supervising transactional analyst (TSTA) with a specialization in the following field(s) (*tick*):
 Counselling ____ Education ____ Organizations ____ Psychotherapy ____
2. I am a member of ITAA and, without prejudice to my right to resign, will renew my membership annually for the duration of this contract. As supervisor of the above named PTSTA supervisor, I am aware of this training contract and I agree to assist the trainee in the event that a new supervisor needs to be found.

TSTA supervisor accepts on (date): _____ Signature: _____

Name (print): _____ National association: _____

TRAINING PLANS AND COSTS

Describe plans for training.

Estimate the overall cost of further training.

IBOC'S SERVICES AND ENDORSEMENT

1. IBOC will place the trainee on its list of members in training.
2. IBOC will notify the trainee of any change in the membership status of the supervisor.

IBOC endorses _____

on (date) _____

Stamp and signature: