

FORM 11

APPLICATION TO BE A TEACHING MEMBER

I hereby submit my application to be a candidate for teaching membership in the *Sandplay Therapists of America* and the *International Society for Sandplay Therapy*.

My teaching consultant for this application is: _____

Consultant's Email _____ Phone _____

I submit the following information regarding my qualifications.

(Please type or print.)

1. Name _____

2. Date you became a clinical member _____

3. Date and location in which you presented at least one case at a regional, national or international conference:

4. Date and location in which you taught at least one introductory class on sandplay for a minimum of three hours. Please provide form completed by teaching consultant, along with written evaluations provided by participants in the class.

Please mail to:

**Sandplay Therapists of America
PO Box 4847
Walnut Creek, CA 94596**

Or fax to **925/687-9985**

See Chapter Five for more information.