

APPLICATION FOR MATRIX MODEL CERTIFICATION

(To be filled out by the Key Supervisor(s) at the location requesting certification and mailed to Charles Anderson @ Matrix Institute, 1850 Sawtelle Blvd. Suite #470, West Los Angeles, 90025)

Name of Key Supervisor(s)

1. _____

Email _____ Phone _____

2. _____

Email _____ Phone _____

Name and Address of Agency _____

Executive Director of Agency _____

Administrative Contact Person: _____

Title: _____

Agency Address: _____

Phone Number _____ Fax _____

What month and year did you attend the Key Supervisor training at Matrix Institute?

1. _____ 2. _____

How long has your agency been using the Matrix Model? _____

How long has each Key Supervisor been overseeing the Matrix Model?

1. _____ 2. _____

How many counselors are under your supervision using the Matrix Model?

1. _____ 2. _____

Key Supervisor Signature(s) _____ Date _____

Key Supervisor Signature(s) _____ Date _____

Site Director Signature _____ Date _____