



IACT EXAMINER STATEMENT



This is to certify that

has completed the following: Physical Classroom Hours: 50 • Study/Homework/Distance Learning Hours: 410 • Total Hours: 460

START DATE OF RTT® COURSE:

• DATE OF GRADUATION:

• ETHICS COURSE REVIEWED: YES

Rapid Transformational Therapy® Certificate in Hypnotherapy

Your signature hereby acknowledges that this student has successfully completed the above-declared hours of training in the respective field of study. The undersigned hereby releases and forever discharges The International Association of Counselors and Therapists, his heirs, executors, administrators, successors and assigns of and from all actions, causes of action, damages, claims and demands whatsoever. For the same consideration, the undersigned further agrees not to make any claims or take proceedings against the Releasee or any other person or entity which may claim contribution or indemnity under the provision of any statute or otherwise.

SIGNED:

Marisa Peer

DATE OF IACT EXAM PASS:

SCORE:



YOUR DETAILS

Name (as it is to appear on certificate):

Last (Fam/Sur) Name:

First(Given)Name:

Middle:

Address:

City:

State/Province:

Zip/Country Code:

Country:

Work Phone:

Home Phone:

Email:

Username:

Password:

*Do Not Use Email Address

Please include a copy
of a legal photo ID

*Username and password must include at least 6 characters each. Write down your codes! They are encrypted for security and NOT retrievable