

## **RECATEGORIZATION APPLICATION**

## Certified Family Life Coach Recategorization Application

*If you have completed the coaching and supervision requirements to move from one level of certification to another, you may submit the recategorization application to adjust your certification. The recategorization application may be submitted with or between recertification. A minimal fee of \$50 for Members and \$75 for Non-Members will be required for recategorization.*

*New categorization will last for years remaining before recertification is required.*

*Your personal information will not be shared, sold, or published without your permission. If your application is approved, you will be given the opportunity to let us know what personal information you would like to share on our website.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

### Current certification status:

- Certified Family Life Coach (CFLC)    Certified Family Life Coach-Professional (CFLC-P)

### New certification status:

- Certified Family Life Coach- Professional    Certified Family Life Coach - Expert

### Application for transition from CFLC to CFLC-P must include:

- Coaching and Supervision Logs of 50 hours of coaching with supervision  
 Supervision Verification (completed and submitted by the supervisor)

### Application for transition from CFLC-P to CFLC-E must include:

- Coaching and Supervision Logs of additional 50 hours of coaching with supervision  
 Supervision Verification (completed and submitted by the supervisor)

### Application for transition from CFLC to CFLC-E must include:

- Coaching and Supervision Logs of 100 hours of coaching with supervision  
 Supervision Verification (completed and submitted by the supervisor)

**Coaching Log**

(Feel free to use this form for recording your coaching sessions)

**Coach Name:**

Date	Client Identification	Session Duration

**Supervision Log Form**

Supervision should occur at least twice during each 25 hours  
 (may include observation, one-on-one supervision, group supervision, course instructor supervision, and/or review of notes).

**Coach Name:**

**Supervisor Name:**

Date	Meeting Duration	Coach Signature	Supervisor Signature

**Supervision Verification****Coach Name:****Supervisor Name:**

Supervisor Email:

Supervision Period: \_\_\_\_\_ to \_\_\_\_\_

Number of Supervision Hours:

Coach has met regularly at scheduled times

Yes    Somewhat    No

Coach has been open to supervision

Yes    Somewhat    No

Brief summary of coach's strengths:

Brief summary of coach's areas of opportunity for growth:

\_\_\_\_\_  
Coach Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Supervisor Signature\_\_\_\_\_  
DateCompleted by the supervisor and submitted to [info@flcassociation.org](mailto:info@flcassociation.org)