



**IBOC ORAL EXAMINATION APPLICATION FOR CERTIFICATION AS  
TEACHING AND/OR SUPERVISING TRANSACTIONAL ANALYST  
Form 12.11.4**

This form must reach the IBOC Office **no less than six months prior to the date of the oral examination.**

*Note for the candidate: keep a completed copy for your personal file.*

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

I have met all requirements for examination and I am requesting to take the (tick or X)

\_\_\_ Teaching \_\_\_ Supervising \_\_\_ Teaching & supervising examination

in the field: Counselling \_\_\_ Education \_\_\_ Organizations \_\_\_ Psychotherapy \_\_\_

I wish to be examined on: \_\_\_\_\_ (date) in: \_\_\_\_\_ (place)

I enclose:

\_\_\_ Principal Supervisor’s Certification form (12.11.6)

Language (tick): \_\_\_ English  
\_\_\_ Other (state) \_\_\_\_\_

I will bring a translator: Yes \_\_\_ No \_\_\_

(If Yes, Name and email address of Translator): \_\_\_\_\_

*Note: You cannot share an examiner who is also translating for another CTA or TSTA candidate*

Candidate’s signature: \_\_\_\_\_

**Please print:**

Candidate’s name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

An invoice for payment will be sent on receipt of this form.