



THE NATIONAL INSTITUTE  
FOR TRAUMA AND LOSS  
IN CHILDREN

A STARR INSTITUTE  
FOR TRAINING PROGRAM



Date \_\_\_\_\_

900 Cook Road  
Grosse Pointe Woods, MI 48236  
877-306-5256 • tlcinstitute.org

## *TLC Accredited Membership Agency/Organization Application*

### *Agency/Organization Accreditation*

Name of person completing form \_\_\_\_\_  
Position \_\_\_\_\_  
Agency/Organization \_\_\_\_\_ Total number of clinical staff \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business telephone number \_\_\_\_\_ Fax \_\_\_\_\_  
Email address \_\_\_\_\_

Five major mental health problems presented by client population:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List current licenses, certifications (attach copies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List awards/honors received in the last five years (attach copies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be eligible for Agency/Organization Accreditation you must have a ratio of one current TLC Certified Trauma Specialist for every ten clinical professionals on staff. Please print the names of the TLC Certified members on your staff:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |



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## *TLC Accredited Membership*

### *Agency/Organization Application*

#### *Accreditation Agreement*

I/we have read the attached documents and agree to support the core values of TLC/Starr Commonwealth, TLC's Trauma Informed Lessons Learned and the ethical standards of our primary profession (education, psychology, social work, etc.)

I/we understand that Accredited Membership is not licensure and that TLC/Starr Commonwealth is not liable for claims that may be filed against our organization/institution.

Print name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### *Application Submission Information*

To apply for TLC Accreditation please send the following to TLC. We will notify you of your acceptance and provide information regarding the use of the TLC Accreditation logo and a CD with logo options. If you have any questions please call TLC at 877-306-5256.

- Completed and signed application
- Copies of current licenses, certifications
- Copies of awards or honors from the past five years
- Enclose check or P.O. for \$400 for a 2-year TLC Agency/Organization Accredited Membership
- Add \$50 if you would like a 11" x 14" framed certificate.

Total amount enclosed \$ \_\_\_\_\_

Send to: TLC Accreditation

900 Cook Road

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