



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*

### *School District Application*

#### *School District Accreditation*

Name of person completing form \_\_\_\_\_

Position \_\_\_\_\_

Name of Superintendent \_\_\_\_\_

School District \_\_\_\_\_ Total number of staff \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business telephone number \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Five major mental health problems presented by student 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 School District Accreditation you must have 10 TLC current Certified Trauma Specialists on staff. Please print names of 10 Certified members in School District:

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



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## *TLC Accredited Membership School District 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 School District 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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