

EATA European Association of Transactional Analysis

Completion of Registration Certificate for the CTA Examination

From: [*Language Group Coordinator to insert name and address here*]

Candidate's Name:

Address:

Telephone:

Name of Principal Supervisor:

Speciality: Counselling ____ Educational ____ Organisational ____ Psychotherapy ____

Examination date and place:

The above candidate was sent a list of instructions for registration for CTA Oral Examination, including note of the penalty for late withdrawal. She/he has correctly submitted all of the following documents and information:

1. Endorsed EATA contract and documentation.
 2. Written examination which has received a 'pass' evaluation
 2. Payment of fees (copy of payment)
 3. Principal Supervisor's Endorsement of the Written Examination form
 4. Notice of Intention to take the CTA Oral Examination form
 5. Principal Supervisor's Endorsement of the Candidate to Oral Examination form
 6. Principal Supervisor's personal recommendation of candidate to examination
 7. Application for CTA Oral Examination form
 8. Names of examiners the candidate refuses (normally five maximum):
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9. Does candidate intend being examined in working language of exam venue *Yes / No*
 10. If *No*, does candidate confirm he/she will bring a translator
If so, name of translator:

I have a copy of each of these documents (except the written examination) in my record file, and the candidate has been instructed to keep a copy of each in his/her personal records file.

Signature of Language Group Coordinator:

Date: