EATA European Association for Transactional Analysis

Completion of Registration Certificate for the CTA Oral Examination

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

Candidate's Name: _____

Address: _____

Telephone: _____

Name of Principal Supervisor: _____

Field: Counselling ___ Educational ___ Organizational ___ Psychotherapy ___

Oral Examination date and place: _____

Dear TA colleague,

I have received your:

1. Endorsed EATA contract and documentation.
2. Written examination which has received a 'pass' evaluation
3. Payment of fees (copy of payment)
4. Principal Supervisor's Endorsement of the Written Examination form (13.7.1)
5. Application form for CTA Oral Examination and Principal Supervisor's Endorsement (13.7.3)
6. Names of examiners the candidate refuses (normally five maximum):

I have sent your documents to the Local Exam Supervisor for this exam venue. It is their responsibility to make the final list of CTA candidates to be examined there. S/he will be in contact with you **two months** before the exam date with confirmation of whether you have a place to take your exam there.

I understand you intend to be examined in the working language of the exam venue……Yes_____ / No _____
If No, then you have confirmed that you will bring a translator.

If so, the name of the 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: _____