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1328 Boston Post Road
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Telephone: 914-834-0055
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Certified Affiliate Training Application

Name Title
Company or Firm
Business Address
City State Zip
Telephone Fax
E-mail Website

1. Education (You may attach CV or resume instead)

College Degree: Year: College:
Advanced Degree: Year: Institution:
Advanced Degree: Year: Institution:
Other:

Are you a student or a graduate of Coach U? Yes No Est. date of certification

Career History (You may attach CV or resume instead)

2. Number of years in present occupation or position:

Please describe your present occupation (position) and client base, if any:

Previous work history:

Why do you want to be a Highlands Affiliate?

3. Please list three professional or client references that we may contact:

Name Telephone E-mail
1.
2.
3.

4. Training session date preferred
Second date?

5. Are you currently certified to deliver other Assessments?
 MBTI Hermann Brain Dominance
 Disc Others (please list)
 Strong Interest Inventory

6. Do you hold a license, permit, certification or other authorization from a state or municipal agency authorizing you to offer and/or perform professional or business services to the public [Examples: social worker, doctor, lawyer]? Yes No

If yes: What services are you authorized to perform? _____

What is: the authorizing agency? _____ In what state? _____

7. Has any license, permit, or certification issued to you ever been revoked or suspended, or have you been the subject of a disciplinary proceeding? Yes No

If yes, please explain

8. Have you ever been censured or penalized by any agency of any state or municipality in connection with your profession or your business? Yes No

If yes, please explain

9. Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain

10. Training preferences: Telephone (8 sessions of 2 hours each)
 2-day live
If live, I prefer: New York Atlanta

11. Preferred start date _____ 2nd choice _____

12. How did you hear about The Highlands Company?

From a current Affiliate? (name) _____

From a friend or relative? (name) _____

From: www.highlandsco.com www.highlandslifeandcareercenter.com
 Printed material Word of mouth Coach U

Other? (Please identify) _____

Signature _____

Please e-mail form to: natalie@highlandsco.com Or Fax to: Natalie Pepper at 678-867-0277
Or Mail to: The Highlands Company, 2760 Donnelath Place, Alpharetta, GA 30009
For further information please contact Natalie Pepper, Director, Program Management at 678-366-9039