

# IEA Accredited Training Program (ATP) Application



Date of Application:

Training Program Title:

Please provide an **online link** to program:

## 1. Sponsoring IEA Accredited Professional

Name:

Email:

## 2. Sponsoring IEA Accredited School & Main Location (if not under school insert main location of program)

Name of School:

Primary Contact:

Email:

Address:

City:  State/Prov:  Country:

Phone:  Zip Code:

## 3. Training Program Instructors

Please list all instructors who are authorized to deliver Enneagram content as a part of this training program. (All Enneagram instructors must be IEA Accredited Professionals.)

Instructor Name	Instructor Email
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

## 4. Training Program Duration, Structure, Location(s), and Frequency

Please provide the requested information for the training program that meet the requirements for IEA Accredited Training Programs.

a. Please indicate the format of your training program.  
 If your program format is the same whether in-person or online and is sometimes offered in-person or sometimes online, please select In-person & Online. If your program is a combination of in-person and online, choose Hybrid. If your program varies in format when online or in-person please select varies, you will have opportunity to describe the differences further below.

In-person only    
  Online only    
  In-person & Online    
  Hybrid    
  Varies

b. Please confirm below:  
 I certify that this program is substantially taught and facilitated in real time (and/or online) with interactive components.      I agree.

c. Is viewing or listening to any pre-recorded videos or audio part of the curriculum?      Yes      No

d. What % of the course material is delivered live?

e. Please indicate whether the program is taught as a single event or part of a multi-part series?

Single Event    
  Multiple Events    
  # Events

f. Please specify the total duration of this program in days and hours. Include any required time viewing or listening to pre-recorded video or audio. (Maximum of 8 hours per day). (Note: Specialized focus programs are typically 25-40 hours (4-5 days) and comprehensive Enneagram education programs are typically 40-100 hours or more.)

Days

Hours

g. Please describe how your multiple events are structured:

h. Where and how often is it offered?

## 5. Pre-requisites

Are there pre-requisites for this program?  Yes  No

If yes, please list/describe:

## 6. Program Description

Which of the following best describes this program? Please check all that apply.

- This program provides a comprehensive Enneagram education  
 This program provides a specialized focus on a specific Enneagram approach or application.

Please describe the goals and objectives and content of this program and/or attach a program description.

## 7. Certification

Training programs eligible for Accreditation must grant a Certificate of Completion and/or a Certification for a specific Enneagram approach or application. The program certification may or may not require fieldwork and/or an assessment of the participant's level of mastery.

Does the program provide a Certificate?  Yes  No

Does the program certification require fieldwork and/or an assessment of the participant's level of mastery? If yes, please describe below:  Yes  No

➤Please attach a copy of the certificate of completion and/or certification document that is provided to participants.

## 8. Continuing Education Hours (CE Hours)

Are CE Hours offered for this program? If yes, please describe below:

Yes

No

## 9. Additional Information

Please feel free to provide any additional information about this program that might be helpful for our Accreditation review.

## 10. Confirmations

**By typing your initials in the boxes provided below, you are confirming the following:**

I have read and agree to adhere to the IEA's Code of Ethics and Ethical Guidelines and agree to inform students that this program complies with those guidelines.

**Note:** *The Code of Ethics must be signed and returned with this application if this is an independent ATP. If this ATP is sponsored by an AES, a Code of Ethics must be signed and returned on behalf of the AES covering this and all sponsored ATPs and activities.*

I confirm that this training program has been taught in full at least once.

Date program was last taught:

Location program was last taught:

I confirm that this training program is and will continue to be offered at least once every two years.

I believe that this training program meets the qualifications required for IEA accreditation.

I understand that this Training Program Accreditation is valid for one year and renewable annually.

I understand that this Training Program Accreditation is valid only as long as the sponsor and instructors of the program maintain active IEA Accredited Professional status.

## 11. Signature

*Typing your name below constitutes your signature*

**Signature:**

**Date:**

*Sponsoring IEA Accredited Professional's Signature*

## 12. Payment Information

**\$400.00 – Accredited Training Program (ATP) – (\$400 for first year, renewable every year for \$150)**

**\$100 nonrefundable application fee must be paid up front at the time of submission**, remaining amount will be invoiced upon approval of training program.

**Note:** If this Training Program is being offered by an IEA Accredited School, please submit the Accredited Enneagram School application (consolidated fees are outlined at end of AES form). Approval process may be up to 6-8 weeks. Email this application to [accreditation@internationalenneagram.org](mailto:accreditation@internationalenneagram.org)