

Category 1 Reporting Forms

Category 1 Classes, Workshops, Symposiums Attach certificate of completion for each class to this form			
Date	Title	Instructor/Sponsor	Hours
Total number of hours from Classes, Workshops, Symposiums			_____

IASI Study Group Report Form

Fill out and send to the IASI office within 30 days of completion

Date of Meeting:		Place of Meeting:	
Starting Time:	Ending Time:	Total Hours:	
		Credit Hours (Total Hours divided by 2):	
Describe Subject Matter of Session:			
Name:		SI School:	Year Graduated:
Phone:		E-mail:	
Address:		Signature:	
Name:		SI School:	Year Graduated:
Phone:		E-mail:	
Address:		Signature:	
Name:		SI School:	Year Graduated:
Phone:		E-mail:	
Address:		Signature:	
Name:		SI School:	Year Graduated:
Phone:		E-mail:	
Address:		Signature:	
Name:		SI School:	Year Graduated:
Phone:		E-mail:	
Address:		Signature:	

IASI Mentoring Reporting Form

Fill out and send to the IASI office within 30 days of completion

Mentor's Name:		SI School:
Address:		Year Graduated:
Telephone:		E-mail:
Student's Name:		SI School:
Address:		Year Graduated:
Telephone:		E-mail:
Date of Session:	Place of Session:	
Subject Matter of Session:	Describe:	
Starting Time:	Ending Time:	Total Hours:
Financial Considerations Agreed Upon:		
Was a client present? Was permission obtained?		
Mentor's notes (your evaluation of student):		
Student's notes (evaluation of experience):		
Mentor's Signature:		Student's Signature:

Publications Credit Reporting Form

Published book = 36 hours, Peer-reviewed Journal Article = 10 hours, Newspaper/ Article (>2500 words) = 5 hours, Newspaper Article (<2500 words) =2 hours

Date	Journal/Publisher	Title of Article/Book	Hours
Total number of hours from Publications			
Please attach copy of article for the records			

Teaching Credit Reporting Form

Dates	Title of Class	Place	Hours
Total number of hours from Teaching			

Category 2 Reporting Forms

Category 2 Classes and Workshops			
Attach certificate of completion for each class to this form			
Date	Title	Instructor/Sponsor	Hours
Total number of hours from Classes, Workshops, Symposiums			_____

IASI Volunteer Work			
Attach certificate/letter from supervisor			
Date	Place	Supervisor	Hours

Category 3 Reporting Form

Self Directed Educational Experiences (Category 3) Reporting Form

Please fill out and return to the IASI office within 30 days of completion.

Date(s)	Title or Description	Instructor/Sponsor	Hours

Justification and Rational for taking class and how it applies to your work: