

Coaching, Consent & Compliance Roadmap

Use this document as a way to track or “map” your progress through the “Coaching, Consent & Compliance” Course. Each item should be checked off and dated as it is completed. Once all items are complete please submit this signed Roadmap along with all of the paperwork generated by each activity to the office of Ginger Bowler. Your Certification cannot be awarded until each component /module and corresponding paperwork/progress test has been completed and reviewed.

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Prior Course	Date of Completion
Values Statement	<input type="checkbox"/> _____
Mission Statement	<input type="checkbox"/> _____
Time Management	<input type="checkbox"/> _____
Tolerations	<input type="checkbox"/> _____
Ethics Statement	<input type="checkbox"/> _____
Informed Consent	<input type="checkbox"/> _____
The Quantum Academies Beginners Course	<input type="checkbox"/> _____
The Quantum Academies Intermediate and Advanced Course	<input type="checkbox"/> _____
5 Written Observations	<input type="checkbox"/> _____
Conference Call	<input type="checkbox"/> _____
Exam	<input type="checkbox"/> _____

New Course	Date of Completion
Module 1 & Progress Check	<input type="checkbox"/> _____
Module 2 & Progress Check	<input type="checkbox"/> _____
Module 3 & Progress Check	<input type="checkbox"/> _____
Module 4 & Progress Check	<input type="checkbox"/> _____
Module 5 & Progress Check	<input type="checkbox"/> _____
Module 6 & Progress Check	<input type="checkbox"/> _____
Module 7 & Progress Check	<input type="checkbox"/> _____
The Quantum Academies Beginners Course	<input type="checkbox"/> _____
The Quantum Academies Intermediate and Advanced Course	<input type="checkbox"/> _____
Exam	<input type="checkbox"/> _____

Prior / Current Course Comparison

I hereby certify that I have completed all of the checked items on the dates indicated above. I understand that any misrepresentation of the information provided on this document will jeopardize my ability to receive Board Certification.

Name (Signature)

Date

Check here to indicate that you understand that your electronic signature will be accepted as valid as original.

NOTE: Per Board requirements this form must be submitted via email to webinars@gingerbowler.com. No hard copies or faxed copies of this form will be accepted.