

American Board For Tarot Certification Certifying Agent Application

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____

E-mail: _____

Current Certification: _____

I agree to follow criteria set by the ABTC for Certifying Agents. I understand the criteria is intended for the highest good of the Tarot Community. Those seeking certification deserve a Certifying Agent who will:

1. Work with the Applicant to agree on a place, time, and date for the completion of the examination,
2. Choose to complete examinations via telephone, e-mail, or in person,
3. Choose to allow the Applicant to spread exam activities out for a designated amount of time,
4. Remind the Applicant to provide the ABTC with a copy of any manuscripts, transcripts, or tape recordings made for their examinations,
5. Send the Certification Confirmation once each Applicant has completed their examination.

Applicant's Signature: _____ Date: _____

Please mail application to:
ABTC, 5229 W. Michigan Ave., #76, Ypsilanti, MI 48197