

# Resiliency Facilitator Certification Program Application

**Al Siebert Resiliency Center** 

www.ResiliencyCenter.com

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Waterfront Station

Portland, OR 97207-0505

503-289-3295 x2

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current job/Business: \_\_\_\_\_

1. What does resiliency mean to you? (a paragraph)

2. Why do you want to become an ASRC Certified Resiliency Facilitator?

3. In what way will you use certification as a Resiliency Facilitator?

4. Please provide 2 references that can attest to your expertise as a trainer.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Please submit to [certify@resiliencycenter.com](mailto:certify@resiliencycenter.com)**

Thank you for your interest in becoming an ASRC Facilitator.  
We will be in touch soon!

updated: Mar-28-2015