



Therapeutic Options, Inc.

Helping the helper through education, support, and training

Positive Practices Affirmation

I, _____, as ___ administrator of

_____ (name of agency), affirm that our agency is

using the following positive practices in the support of people with disabilities:

Check all that apply:

- Positive Behavior Support
- Recovery Based Model
- Psychiatric Rehabilitation / Psychosocial Rehabilitation
- Trauma-Informed Care Practices
- Person-Centered Planning

As such, I am claiming the Positive Practices Discount for Therapeutic Options Instructor Certification Training (Train the Trainer) for the following individuals:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Print Name

Sign Name

Date

Please attach this form to the Train the Trainer Registration (one per group)