



Dialogue Mapping™ Certification Program: Initial Application for Certification

Please complete and email to: certification@cognexus.org

Name: _____ Date: _____

Mailing Address: _____

Email: _____ Telephone: _____

- 1) What is your purpose for completing this certification program? What do you hope to get out of it?

- 2) The pre-requisite for starting the Certification Program is the [Issue Mapping Webinar Series](#) (IMWS). Please tell us a) when you took this course, b) what you think your Issue Mapping strengths and weaknesses are, and c) what parts of the class most and least excited you.

- 3) What are some possible research projects that you would be interested in working on as part of the certification program? (See a general description of the [research project requirement](#))?



- 4) How do you plan to fulfill the [practical experience requirements](#) of this program (30 hours of “real life” logged Dialogue Mapping facilitation)? Do you have current clients with whom you can use Dialogue Mapping? If not, how will you go about finding people to practice with?

I understand that this Initial Application for Certification will not be reviewed until the non-refundable \$300 application fee is paid. (Click [here](#) to go to the payment page.)

Printed Name: _____ Date: _____