

# ICF Application for Providers of Coach-Specific Training

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## **Application Instructions**

You may complete parts of the application and come back later to complete other parts but be aware that only pages that have been completed are saved for the next session. (As you complete the application make sure that you finish a page and click on the 'Next' button to save your work to that point). Signatures and uploaded documents will not save for security reasons. It is recommended that also save a copy of the typed information in a word document.

The ICF recommends that you use Firefox, Chrome, or safari. This application is not compatible with Internet Explorer.

Provide only what is requested. Uploading additional documents that have not been requested complicates the review process. The ICF will contact you if additional information is needed.

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# Program Ownership and Contact Information

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**Coach Training Organization Name:**

**Name of program to be considered for approval:**

**Mailing address for this program:**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**Contact Person-** Please note that the ICF will communicate with the Contact Person exclusively, and no other representatives of the program, during the course of the review. This is to prevent miscommunication and preserve the confidentiality of the program's materials.

**Contact person for this application:**

First Name

Last Name

**E-mail for Contact Person:**

**Address for Contact Person:**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**Program Ownership-** Please provide the name(s) and e-mail(s) of the program owner(s). If the program is conducted by a college or university, please list the names of the appropriate deans and program directors. If co-owned list all owners.

**Program Owner 1:**

**E-mail:**

**Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**Program Owner 2:**

**E-mail**

**Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**Program Owner 3:**

**E-mail**

**Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**Program Owner 4:**

**E-mail**

**Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**This program is owned and operated by a:**

- Corporation
- LLC
- Partnership
- Sole Proprietor
- University

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# Application Type and Proposed number of training hours

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Please select the program type: \*

Accredited Coach Training Program (ACTP) ▼

Proposed number of training hours for this program: \*

	Hours
Synchronous	<input type="text"/>
Asynchronous	<input type="text"/>
Total	<input type="text"/>

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# Operational Standards

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**Operational Standard 1- All programs are required to have a publicly accessible website that includes a comprehensive summary of the training program being offered.**

**URL for the program website**

**Self-evaluation for Operational Standard 1-**

- Compliance
- Partial Compliance
- Non-Compliance

**Comments regarding Operational Standard 1-**

**Operational Standard 2- All programs must have been in operation for a minimum of six months as established by the first time the program was delivered to students with content as submitted in this application.**

**Starting date for when this program was first delivered to students**

-  -  

Month Day Year

**Graduation date of the latest graduates**

-  -  

Month Day Year

**Self-evaluation for Operational Standard 2-**

- Compliance
- Partial Compliance
- Non-Compliance

**Comments regarding Operational Standard 2-**

**Operational Standard 3- All programs must have a record of students that have completed the full program as submitted in the application.** (The ICF reserves the right to contact students to confirm their completion of the program and to request an evaluation of their experience. This contact will be made via an electronic survey with all results kept as confidential. Programs should provide contact information only for those students that have given permission for their information to be shared with the ICF.)

**Name and Email address of Graduate:**

**Name and Email address of Graduate:**

**Name and Email address of Graduate:**

**Name and Email address of Graduate:**

**Name and Email address of Graduate:**

**Comments regarding Operational Standard 3-**

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# Course List

Please use the provided fields below to document the classes that make up the training program being submitted.

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## Definitions-

**Core Competencies:** Coach training that directly relates to or expands upon the ICF Core Competencies, is training that is coach-specific in nature and relates directly to the client coaching relationship.

**Resource Development:** Training in skills that contribute to a coach's professional development (e.g., personal development, coaching tools or assessments, business building, or other material that falls outside the ICF Core Competencies)

**Synchronous Hours:** Clock hours spent in real-time interactions between faculty and students. This may include time spent in direct instruction, real-time discussions, observation and feedback or practice coaching sessions, and mentoring students.

**Asynchronous Hours:** Clock hours spent outside of real-time interaction between faculty and students. These may include outside reading, writing, research, journaling, practice coaching and various other activities that may occur outside of the synchronous setting. All asynchronous hours require some method of validating that the activity was completed by the student.

**\*\*If you are not planning on completing this section in one sitting, please make sure that you click the 'save and continue' button at the bottom of the page before exiting the application\*\***

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# Course 1

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Title:

Synchronous hours for course:

ex: 23

Asynchronous hours for course:

ex: 23

Core Competency related training hours:

ex: 23

Resource Development related hours:

ex: 23

Please provide a brief description of this course:

0/500

What is the primary delivery method for this course?

## Core Competencies Taught

- Meeting Ethical Guidelines & Professional Standards
- Establishing the Coaching Agreement
- Establishing Trust & Intimacy with the Client
- Coaching Presence
- Active Listening
- Powerful Questioning
- Direct Communication
- Creating Awareness
- Designing Actions
- Planning & Goal Setting
- Managing Progress & Accountability

Course 2 (click on the arrow to the right to expand)



Course 3 (click on the arrow to the right to expand)



Course 4 (click on the arrow to the right to expand)



Course 5 (click on the arrow to the right to expand)



Course 6 (click on the arrow to the right to expand)



Course 7 (click on the arrow to the right to expand)



Course 8 (click on the arrow to the right to expand)



Course 9 (click on the arrow to the right to expand)



Course 10 (click on the arrow to the right to expand)



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## "Other Content" (optional)

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Content that includes theories, models, tools, systems other than the ICF Definition of Coaching, Core Competencies, and Code of Ethics may be included as a part of a training program. However, this content **may not makeup more than 20%** of the total program hours. Typically this content may include topics such as the use of client assessment tools, developing a coaching practice, and other resources that may be useful to a coach.

The inclusion of topics that are contrary to or in conflict with ICF approved content will result in denial of approval for the entire program. (Examples may include, but not limited to, instruction regarding consulting, therapy, healing pain, treating dysfunction, and the use of rigid directive models of working with others.)

**Please provide a brief narrative description of other content that is included as a part of this program:**

0/500

**Number of synchronous hours for "other" content**

**Number of asynchronous hours of "other content"**

**Title of the supporting documents for "Other Content" that will be submitted at the end of this application:**

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# Faculty

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**List all those who serve as instructors of content related to the ICF Core Competencies. Please also include their credential level.**

**List all those who serve as instructors of content that is not directly related to the ICF Core Competencies.**

**List all those serving as observers of student coaching sessions. Include their current ICF Credential level.**

**List all those serving as Mentors (ACTP only). Include their current ICF Credential.**

**List all those serving as performance evaluation reviewers (ACTP only). Include their current ICF Credential.**

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# Director of Training

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Name of the Director of Training: \*

Director of Training's E-mail Address: \*

When was the ICF PCC or MCC Credential received?

-  -  

Month      Day      Year

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## Train the Trainer

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Describe the process used to train instructors, observers, and performance evaluation reviewers for this program

Describe the process used to evaluate instructors, observers, and performance evaluation reviewers for this program

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## Observed Coaching

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Please provide a brief description of your process for providing Observed Coaching Sessions to each student in your program:

Number of observed sessions provided to each student:

ex: 23

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## Mentoring

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Please provide a brief description of your process for providing Mentoring to each student in your program

Number of hours of individual Mentor Coaching provided to each student:

Number of hours of group Mentor Coaching provided to each student:

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# Performance Evaluation

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**Describe the performance evaluation process and grading criteria used for the final performance evaluation. Include what constitutes a passing or failing score. (You will be asked to submit recordings of actual performance evaluations with the written feedback provided to the student.)**

**Indicate the start date for a class of students that has completed this program including the performance evaluation process**

-  -    
Month Day Year

**Indicate the graduation date for this group of students**

-  -    
Month Day Year

**Number of students in this graduating class**

ex: 23

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# Audit Materials Uploads

Please upload course materials to support this application. Please know that in total, this application can hold up to one (1) Gigabyte (GB) of data. If you exceed this size limit, the application will not be submitted.

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## Course Outline

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Upload any class outlines or syllabi that summarizes the names of classes/ modules and the time allowed for presentation

Upload Files

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## Student Materials

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Upload copies of printed materials that are used by students in support of the content offered within this training program.

Upload Files

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## Instructor Materials

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Upload copies of materials that are used by instructors that are supplements to the student materials

Upload Files



## Bibliographies

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Upload copies of reading lists or bibliographies of materials used as a part of this program

Upload Files

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## PowerPoint Slides

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Upload copies of any PowerPoint slides or other graphics that are used in support of this program that are not included in the student or instructor materials

Upload Files

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## Observed Coaching Session

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**Upload an audio recording of an observed coaching session. Title this audio file as "Observed Coaching Session." \***

No file chosen

**Upload a copy of the actual completed form used to provide feedback to the student following the observed coaching session that was uploaded to the ICF. \***

No file chosen

**Please indicate the language that is used in the observed coaching session recording. Please know that if you do not see your language listed, an English translated transcript will need to be submitted. \***

- Dutch
- English
- French
- German
- Italian
- Polish
- Portuguese
- Russian
- Spanish
- Swedish
-

## Performance Evaluations

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**Upload an audio recording of an actual student coaching session that was used for the final performance evaluation. The recording cannot include commentary/feedback comments from the performance evaluation reviewer. Title this audio file as "Performance Evaluation Recording 1." \***

No file chosen

**Upload a copy of the actual completed scoring/evaluation form used for "Performance Evaluation Recording 1." The form must include feedback comments, a final score, and the name of the Performance Evaluation Reviewer. \***

No file chosen

**Upload an audio recording of an actual student coaching session that was used for the final performance evaluation. The recording cannot include commentary/feedback comments from the performance evaluation reviewer. Title this audio file as "Performance Evaluation Recording 2." \***

No file chosen

**Upload a copy of the actual completed scoring/evaluation form used for "Performance Evaluation Recording 2." The form must include feedback comments, a final score, and the name of the Performance Evaluation Reviewer. \***

No file chosen

**Please indicate the language that is used in the Performance Evaluation recordings. Please know that if you do not see your language listed, an English translated transcript will need to be submitted. \***

**Please indicate the language that is used in the Performance Evaluation recordings. Please know that if you do not see your language listed, an English translated transcript will need to be submitted. \***

- English
- French
- German
- Hungarian
- Italian (delays possible due to limited availability of Assessors)
- Polish
- Portuguese (delays possible due to limited availability of Assessors)
- Spanish
- Swedish
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# Transcripts

Training programs are required to submit written transcripts of their recorded coaching sessions. These transcripts must be in the same language used in the recorded session.

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**Please upload a transcript of the recorded Observed Coaching Session. Please make sure that the title of the transcript file reflects the file name of the recorded session. \***

No file chosen

**Please upload a transcript of the recorded Performance Evaluation session. Please make sure that the title of the transcript file reflects the file name of the recorded session.**

**"Performance Evaluation Transcript 1" \***

No file chosen

**Please upload an English translated transcript of the recorded Performance Evaluation session. Please make sure that the title of the transcript file reflects the file name of the recorded session. "Performance Evaluation Transcript 1" \***

No file chosen

**Please upload a transcript of the recorded Performance Evaluation session. Please make sure that the title of the transcript file reflects the file name of the recorded session.**

**"Performance Evaluation Transcript 2" \***

No file chosen

**Please upload an English translated transcript of the recorded Performance Evaluation session. Please make sure that the title of the transcript file reflects the file name of the recorded session. "Performance Evaluation Transcript 2" \***

No file chosen

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# Statements of Agreement, Compliance and Limitations

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We acknowledge that we agree to the following:

We agree to defend, indemnify and hold harmless the ICF in the event of any claim made against the ICF related to the possible approval/accreditation of our program.

We represent or attest that the program is and will be taught in alignment with the ICF Definition of Coaching, Code of Ethics, Core Competencies and the Code of Conduct.

We represent or attest that the program will generate and maintain documented student records, including evaluations of each student's progress and attendance/participation for each individual training course.

We agree to abide by the decision/recommendations of the ICF.

We agree that the ICF and its appropriate committees or members have our permission to audit and or validate the accuracy of any and/or all information provided in the application process.

We agree that when an ICF staff member or a reviewer determines that there is insufficient documentation to make a final decision on the application, the Program will collect and submit additional documentation.

We agree to notify the ICF of all changes to the program including but not limited to:

- New Ownership or new organizational partner
- New contact person or contact information
- New training location or new delivery method
- New program name
- New class added or class taken away (no need to notify ICF about minor changes to class curriculum)
- New Certificate
- New Director of Training (ACTP Only)
- Major change to the exam process (ACTP only)

We agree that the ICF has the right to audit our training program at any time to ensure continued compliance with ICF ACTP, ACSTH and CCE requirements.

We agree to cooperate with audits of conformance to all ICF ACTP, ACSTH and CCE requirements, including review of files, classes, faculty, student records and interviews with students and staff by an authorized ICF auditor.

We agree that all audit costs incurred by the ICF will be reimbursed to the ICF by the training provider.

We agree to honor the rules and regulations of the ICF approval/accreditation process. We further agree that the ICF has sole discretion to issue, amend or revoke the rules and regulations governing such approval/accreditation. We agree to abide by any decision of the ICF regarding the matters of approval/accreditation, including changes in regulations, and the revocation of credentials, approvals, or accreditation.

We understand and agree that the application fees for ACTP, ACSTH and CCE are review fees and do not guarantee program approval.

We understand that all fees for ACTP, ACSTH and CCE are non-refundable.

ICF retains the right to increase fees without prior notice.

**Name of signee: \***

**Date of signature: \***

-  -    
Month Day Year

**License agreement upload (if needed)**

No file chosen

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# Payment

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## Payment Agreements

We understand and agree to pay the fees selected on the previous page. The application fees are application review fee's and do not guarantee program approval/accreditation and are non-refundable. ICF retains the right to increase fees without prior notice. Approval/accreditation must be renewed every three (3) years.

**Do you agree to these payment agreements? \***

- Yes
- No

**Please select the correct payment option based on your program type and number of instructional hours:**

- ACTP 125-175 Instructional Hours **\$2,200.00**
- ACTP 176 or more Instructional Hours **\$3,200.00**
- ACSTH 30-100 Instructional Hours **\$1,400.00**
- ACSTH 101-175 Instructional Hours **\$1,900.00**
- ACSTH 176 or more Instructional Hours **\$2,900.00**

**Please provide the name of the individual who will be providing the Program Accreditation Application fee: \***

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# Application Submission and Review Process

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**Thank you for completing this application.** Please double-check prior to submission to ensure that your application is complete. Please also make sure that you have signed the terms on the previous page of the application. Click the submit button below to send your completed application to ICF.

Following submission of your application:

You will receive an automated notice letting you know that the application has been submitted.

Applications are processed in the order they are received and the time for approval varies based on the completeness of the application, the complexity of the program, and the volume of applications that are in the queue for review.

Following submission of the payment balance due, ICF reviewers will conduct a comprehensive review of your program and notify you of the approval status as soon as possible. In the event that there are parts of your program that do not meet ICF standards you will be requested to provide clarifying information and/or make changes to your program.

Following final approval of your program you will be provided information regarding the use of logos, certificate guidelines, Incremental Renewal information and your listing of program information on the ICF website.

**Please know that upon clicking the submit button below, you will be re-directed to another page to submit your ICF Program Accrediation Application Fee payment information. Once you have submitted that payment information successfully, you will receive confirmation that this application has been submitted for ICF processing.**

Submit

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