ICF Application for Providers of Coach-Specific Training
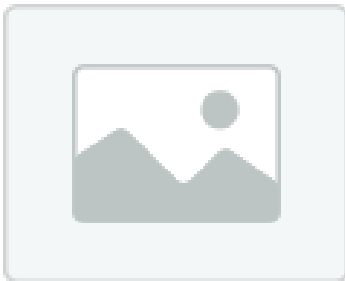

Application Instructions

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.

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. ICF will contact you if additional information is needed.

Program Ownership and Contact Information

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/Territory

Contact Person — Please note that 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: *

example@example.com

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: *

example@example.com

Program Owner 2:

E-mail

example@example.com

Program Owner 3:

E-mail

example@example.com

E-mail

example@example.com

This program is owned and operated by a: *

Corporation

LLC

Partnership

Sole Proprietor

University

Non-Profit

Application Type and Proposed number of training hours

Please select the program type: *

Proposed number of training hours for this program: *

Hours

Synchronous

Asynchronous

Total

Operational Standards

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 *

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. (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 electroninc 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 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-

Course List

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

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.

Course 1

Title: *

Synchronous hours for course: *

Asynchronous hours for course: *

Please provide a brief description of this course: *

0/500

What is the primary delivery method for this course? *

Core Competencies Taught *

Demonstrates Ethical Practice
Embodies a Coaching Mindset
Establishes and Maintains Agreements
Cultivates Trust and Safety
Maintains Presence
Listens Actively
Evokes Awareness
Facilitates Client Growth

Title:

Synchronous hours for course:

Asynchronous hours for course:

Please provide a brief description of this course:

0/500

What is the primary delivery method for this course?

Core Competencies Taught
    Demonstrates Ethical Practice
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Please provide a brief description of this course:

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Resource Development "Other Content" (optional)

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 ridgid 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:

Faculty

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. *

Director of Training

Name of the Director of Training: *

When was the ICF PCC or MCC Credential received?

Month   Day   Year

Train the Trainer

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 *

Observed Coaching

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: *

Mentoring

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: *

Performance Evaluation

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

Performance Evaluations

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

Since you have selected a language that is not currently supported by ICF, please ensure that you provide an English translated transcript of the recording that is 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

Since you have selected a language that is not currently supported by ICF, please ensure that you provide an English translated transcript of the recording that is submitted.

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.

Statements of Agreement, Compliance and Limitations

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 a class removed (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 a 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.

We acknowledge that the approval or accreditation of this program if granted will apply only to the program listed in this application. It will not apply to any other program operated by the organization.

Furthermore, we acknowledge that the approval or accreditation of this program, if granted, will apply only to the program operated by the owner(s) listed in this application. It will not apply to and cannot be used by any franchisee, licensee, or secondary distributor of any kind or by any program that does not use the existing infrastructure described in the application and administered directly by the program owner/s and/or Director of Training (ACTP). Any such programs are considered new programs and must file separate, independent applications for approval or accreditation.

All programs shall be in compliance with copyright laws of its home country and the countries within which it operates for the source and ownership of materials and training content used in your training program. If not uniquely developed by your agency, the agency must have authorization, i.e., licensing, etc. to use these materials/content.

Documentation should include the signed statement below regarding compliance with copyright laws and ownership. If the program is utilizing licensed content, upload a copy of the license agreement or statement from your licensor stating that you have a license to use the material.

Name of signee: *

Date of signature: *

Month   Day   Year

Payment

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

Application Submission and Review Process

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 possbile. 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 informaion 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.

Program Onwer 4:

Breakdown of proposed number of training hours for this program: *

Hours

Core Competency

Resource Development

Total

You will have the opportunity to add up to 40 additional courses using this

application. If you have more than 40 new courses to be added, please email Elissa Johns at elissa.johns@coachfederation.org.

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

Core Competency related training hours: *

Resource Development related hours: *

Core Competency related training hours:

Resource Development related hours:

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Core Competency Curriculum

The ICF Core Competencies were developed to support greater understanding about the skills and approaches used within today's coaching profession as defined by ICF. These competencies and the ICF definition of coaching were used as the foundation for the development of the ICF Coach Knowledge Assessment (CKA). The ICF defines coaching as partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.

The Core Competencies are grouped into four domains according to those that fit together logically based on common ways of looking at the competencies in each group. The groupings and individual competencies are not weighted – they do not represent any kind of hierarchy and are all core and critical for any competent coach to demonstrate.

Foundation

1. Demonstrates Ethical Practice - Understands and consistently applies coaching ethics and standards of coaching. Did the training program cover the competency Demonstrates Ethical Practice: *

Please estimate the total number of hours spent on this topic: *

How and where do you integrate this competency throughout your training program: *

Please provide the file name(s) of the document(s) you will be submitting to support this application and where in the document(s) we can find the supporting materials: *

2. Embodies a Coaching Mindset - Develops and maintains a mindset that is open, curious, flexible and client-centered. Did the training program cover the competency Embodies a Coaching Mindset: *

Yes

No

Please estimate the total number of hours spent on this topic: *

How and where do you integrate this competency throughout your training program: *

Please provide the file name(s) of the document(s) you will be submitting to support this application and where in the document(s) we can find the supporting materials: *

Co-Creating the Relationship

3. Establishes and Maintains Agreements - Partners with the client and relevant stakeholders to create clear agreements about the coaching relationship, process, plans and goals. Establishes agreements for the overall coaching engagement as well as those for each coaching session. Did the training program cover the competency Establishes and Maintains Agreements: *

Yes

No

Please estimate the total number of hours spent on this topic: *

How and where do you integrate this competency throughout your training program: *

Please provide the file name(s) of the document(s) you will be submitting to support this application and where in the document(s) we can find the supporting materials: *

4. Cultivates Trust and Safety - Partners with the client to create a safe, supportive environment that allows the client to share freely. Maintains a relationship of mutual respect and trust. Did the training program cover the competency Cultivates Trust and Safety: *

Yes

No

Please estimate the total number of hours spent on this topic: *

How and where do you integrate this competency throughout your training program: *

Please provide the file name(s) of the document(s) you will be submitting to support this application and where in the document(s) we can find the supporting

materials:

5. Maintains Presence - Is fully conscious and present with the client, employing a style that is open, flexible, grounded and confident. Did the training program cover the competency Maintains Presence: *

Yes

No

Please estimate the total number of hours spent on this topic: *

How and where do you integrate this competency throughout your training program: *

Please provide the file name(s) of the document(s) you will be submitting to support this application and where in the document(s) we can find the supporting materials: *

Communicating Effectively

6. Listens Actively - Focuses on what the client is and is not saying to fully understand what is being communicated in the context of the client systems and to support client self-expression. Did the training program cover the competency Listens Actively: *

Yes

No

Please estimate the total number of hours spent on this topic: *

How and where do you integrate this competency throughout your training program: *

Please provide the file name(s) of the document(s) you will be submitting to support this application and where in the document(s) we can find the supporting materials: *

7. Evokes Awareness - Facilitates client insight and learning by using tools and techniques such as powerful questioning, silence, metaphor or analogy. Did the training program cover the competency Evokes Awareness: *

Yes

No

Please estimate the total number of hours spent on this topic: *

How and where do you integrate this competency throughout your training program: *

Please provide the file name(s) of the document(s) you will be submitting to support this application and where in the document(s) we can find the supporting materials: *

Cultivating Learning and Growth

8. Facilitates Client Growth - Partners with the client to transform learning and insight into action. Promotes client autonomy in the coaching process. Did the training program cover the competency Facilitates Client Growth: *

Yes

No

Please estimate the total number of hours spent on this topic: *

How and where do you integrate this competency throughout your training program: *

Please provide the file name(s) of the document(s) you will be submitting to support this application and where in the document(s) we can find the supporting materials: *

Supporting Documents

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.

File types accepted are pdf, doc, docx, xls, xlsx, csv, txt, rtf, html, zip, mp3, wma, mpg, flv, avi, jpg, jpeg, png, gif.

Director of Training's E-mail Address: *

Audit Materials Upload

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.

Course Outline

Student Materials

Instructor Materials

Bibliographies

PowerPoint Slides

Observed Coaching Session