

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.

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.

Save & Continue

FOR PREVIEW ONLY
May NOT be used to apply.

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

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

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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

Please select the program type: *

Approved Coach Specific Training Hours (ACSTH) ▼

Proposed number of training hours for this program: *

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

Based on the proposed number of hours above select from one of the options below:

- ACSTH 30-100 Instructional Hours - \$100 Deposit (already charged) + \$1,400 Review Fee
- ACSTH 101-175 Instructional Hours - \$100 Deposit (already charged) + \$1,900 Review Fee
- ACSTH 176 or more Instructional Hours - \$100 Deposit (already charged) + \$2,900 Review Fee

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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

- - 
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.

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

- 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)

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

ex: 23

Number of asynchronous hours of "other content"

ex: 23

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

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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.

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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

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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:

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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.

Course Outline

Upload a concise class outline or syllabus that summarizes the names of classes/ modules and the time allowed for presentation

No file chosen

Please upload any additional course outlines

No file chosen

Please upload any additional course outlines

No file chosen

Student Materials

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

No file chosen

Please upload any additional student printed materials

No file chosen

Please upload any additional student printed materials

No file chosen

Please upload any additional student printed materials

No file chosen

PowerPoint Slides

Upload a copy 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

No file chosen

Please upload any additional PowerPoint Slides or other graphics

No file chosen

Please upload any additional PowerPoint Slides or other graphics

No file chosen

Please upload any additional PowerPoint Slides or other graphics

No file chosen

Observed Coaching Session

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. *

- Chinese
 - Czech
 - English
 - Finnish
 - French
 - German
 - Hungarian
 - Japanese
 - Korean
 - Lithuanian
 - Polish
 - Portuguese
 - Romanian
 - Spanish
 - Slovakian
 - Swedish
 - Not Listed
-

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.

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.

Choose File No file chosen

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Statements of Agreement, Compliance and Limitations

I agree to the below Program Accreditation Terms & Conditions*

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.

Name of signee: *

Date of signature: *

- - 

Month Day Year

License agreement upload (if needed)

Choose File No file chosen

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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 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

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
