



LEVEL I CERTIFICATION APPLICATION

First Name _____

Last Name _____

Address _____

City, State, Zip _____

Country _____

Email Address _____

Sessions Attended _____

I hereby attest that I have attended the sessions above that fulfills all requirements of Level-1 CMR certification according to SCMR/COCATS 4 except for the required 1-month of training in CMR.

Authorized Signature: _____

Please email the completed form to [SCMR Headquarters](#) to receive your letter.