

Credentialing form
10512 NE 68th St. Suite C-202
Kirkland, WA 98033
425-822-3425

I give my permission to Debbie Bayer to provide my name, contact information and hours of coaching to the ICF – International Coach Federation, towards her credentialing process as a coach. I further give permission for those credentialing agencies to contact me for verification of information she provides. This permission will remain in effect until specifically canceled by me.

By signing below, I agree to the terms of this coaching agreement.

Client Signature: _____

Date: _____

Please fax (425-822-3418) or mail this agreement to me at:
Debbie Bayer
10512 NE 68th ST. Suite C-202
Kirkland, WA 98033
debbiebayerlmft@verizon.net
www.debbiebayer.com