

## Path to Certification - Letter of Intent

By completing this form, you are informing WPATH that you are intending to complete the Path to Certification steps to become a **WPATH GEI SOC8 Certified Member** and that you will follow steps outlined below to receive that distinction.

Your Full Name		Your Medical Designa	Your Medical Designation & Specialty	
Mailing Address				
City		State	Zip	
Phone	Fax	Email		
Brief Description of Your	Practice and Experience in treat	ting the Trans Community		
		DATU TO CERTIFICATION		
T- h		PATH TO CERTIFICATION		
To become certified an a		rs at the time of the certification ex	am	
		ar specialty or the global equivalen		
3. Complete a minimum		ar specially of the global equivalent	•	
•	urs in WPATH Foundations C	ourse		
	anced course to be determin			
			(this includes both WPATH Certified courses and	
other accredited	professional courses in the fi	eld) showing a mapping back to the	e core competencies	
• 10 hours of me	ntorship with a WPATH GEI C	ertified Mentor		
WPATH conferen attend local com	ces, attend community-focus	sed sessions at WPATH conferences h community-led and community-led	communities, examples include: attend town halls at s, attend community-led conferences/workshops, focused online content (online listening can fulfill a	
4. Provide evidence of kr	owledge, skill, and accomplis	shments in transgender health i.e. (	CV, publications, case studies, etc.	
5. Agree to adhere to the	WPATH SOC 8 or latest publ	ished revision.		
		ender, transsexual and gender non-	binary health related continuing (CE) requirements of	
	to maintain certification.			
7. Successfully pass the c	ertification exam.			
Signed:		Print Name:		

Date:\_