



APPLICATION FOR ACCREDITATION AS A CBPI SUPERVISOR

TO BECOME AN ACCREDITED SUPERVISOR THE APPLICANTS MUST FULFIL THE FOLLOWING TEN CRITERIA:

1. Trained in a specialised Cognitive Behavioural Psychotherapy course and meet the minimum training standards.
2. Have practiced CBT for 5 years post qualification and can demonstrate accountability for their psychotherapeutic practice.
3. Have a deep breadth of CBT experience with a wide range of complex clinical presentations under clinical supervision
4. Be an fully accredited member of CBPI/BABCP/IABCP
5. Have ongoing supervision preferably with a supervisor with CBT knowledge and experience.
6. Be currently in Clinical Practice (with exception to those who are retired but retained accredited status with one of the above organisations throughout their professional lives)
7. Show evidence of sustained commitment to the theory and practice of Cognitive Behavioural Psychotherapy, which includes continuing professional development.
8. Be in receipt of supervision of their supervisory practice
9. Have evidence of a minimum of 2 years supervisory practice and/or completed a supervision course.
10. Provide a professional reference from a member of a professional organisation with current knowledge of your supervisory practice.

Applicant's Details						
Full Name						
Title	Mr	Mrs	Ms	Miss	Dr	Prof
Profession						
Job Title						
Address <small>This is the address used for CBPI correspondence</small>						
Tel Work		Tel Home/Mobile				
E-mail						

Previous Accreditation

Please confirm that you have been awarded Full Accreditation and/or Re-Accreditation, if applicable, and the date of the last award

Confirmation of Accreditation	Date of last award: _____
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I have been awarded Full Accreditation or Re-accreditation by CBPI	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you a member of a Professional Body other than CBPI? Yes No

If so please state which organisation e.g. BABCP/IABCP: _____

Professional Accountability and dedicated CBT Practice

Current Professional CBT Clinical Practice, give details of the last 3 years, including client population and setting (for those accredited with CBPI please skip to the next section)

As a CBT Clinician

Date	Professional Position	Employed By (or Private Practice)	Professional Accountable to:	Clinical setting	Client Population	Hours Per wk	Total % involving CBT

Please give details of your current **Behavioural and/or Cognitive Practice only (Non CBPI only)**

Summarise your CBT clinical supervision and support arrangement for the last 5 years (non CBPI applicants only); including your ongoing current arrangements.

Please provide a Supervisors Report from your current CBT Supervisor, which must be dated within the last month (non CBPI applicants).

I enclose my Supervisor's Report, from my current Supervisor's dated within the last month	YES <input type="checkbox"/>
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I enclose my Supervisor's Report, from my previous Supervisor's (only required if had current supervisor for less than 6 months)	YES <input type="checkbox"/>
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Section 2

Please give details of your current supervision practice or any Training in Clinical Supervision that you have received

CBT Supervision of Supervision

Summarise your CBT supervision of your clinical supervision and support arrangement for the last 2 years; including your ongoing current arrangements

I enclose my Supervisor's Report, from my current Supervisor of my supervision

YES

Please summarise your sustained commitment to the practice of CBT during the past 2 Years including Continuing Professional Development (CPD) e.g. attending workshops, additional training etc (non CBPI applicants only)

Accreditation as a clinical supervisor is for 5 years, after which a further application for re-accreditation as a supervisor must be submitted.

Re-accreditation items include

1. Evidence of 50 hours of Continuing Professional Development per year (CPD Log) (examples of suitable activities for CPD can be got from the accreditation committee (non CBPI applicants)).
2. Evidence of at least an hour per month provision of Clinical Supervision and supervision of your supervision throughout the 5 year period.
3. Supervisor's report for both

Declaration

I agree that the information provided in this application is accurate and true. I understand that if my application is accepted I will agree and abide with the Code of Conduct as outlined by the National Association of Cognitive Behaviour Therapies Ltd

Signature

Date

Enclosures

Please tick enclosures checklist below when you have included all enclosures

Clinical Supervision report	
Processing Fee €20 CBPI €50 Non CBPI	
Supervision of Supervision Report	
Certificates/Evidence of Supervision Training (where applicable)	

Return all documentation to:

**Maria McCarron
Radharc Na Sliabh
Willville
Carlingford
Co Louth
A91 FK88**

**Telephone
Number:0879504969/0719155120**