

Before applying to CBPI for re-accreditation it is important that you note the following information:

APPLICANT'S RESPONSIBILITY:

1. You, the applicant, are accountable for ensuring you retain accreditation by meeting periodic accreditation renewal through submitting re-accreditation documentation in a timely fashion keeping in mind the expiry date mentioned on your last issued certificate of Full accreditation.
2. You are responsible that an application submitted is complete, correct and entries legible. CBPI recommends that you type your entries for legibility.
3. Applications must be submitted as a Hard Copy with all supporting documents. Along with your Hard Copy application you must also submit *high quality, clear scanned / digital* copies of all the forms and supporting documents on a USB memory drive/ stick. If you cannot submit scanned copies you must provide Hard Copies x4 of the application and all the supporting documents. CBPI will not undertake to do the photocopying on your behalf.
4. The onus is on the applicant to check their suitability fulfils the criteria for re-accreditation with CBPI. It is the applicant's responsibility to submit sufficient evidence as proof of meeting the requirements.
5. Applicants will be assessed on the basis of information supplied on the application form together with accompanying documentation. Therefore, do not send a copy of your Curriculum Vitae with your application.
6. It is the responsibility of the applicant to provide full and accurate information in the application and to notify CBPI of any changes or corrections.
7. CBPI may request verification from the issuing authority of any or all details on documentation presented.
8. In the light of additional information which was not available at the time of approval, an offer of re-accreditation may be amended or, in exceptional circumstances, withdrawn.
9. CBPI reserves the right to correct errors made in the communication of decisions and offers.
10. Do not send any original documents unless specifically requested by CBPI. Cognitive Behavioural Psychotherapy, Ireland will not take responsibility for their loss or damage.
11. It is the applicant's responsibility to resubmit copies each time they resubmit an application that has been returned. CBPI accreditation, process a number of applications received. It has not the resources to retain or locate such documentation on your behalf.

12. An application considered incomplete through inadequate completion of the application form or providing insufficient or illegible information or documentation not presented as requested above will be returned to the applicant (by Ordinary Post) as it is inadmissible to the process and will require the applicant to resubmit another application.
13. All applications must be accompanied by the correct application fee.
14. Each application is placed in queue in the date order of receipt of the fully completed application form, supporting documents and fee. CBPI attempts to process applications in a reasonable and timely manner. CBPI does not expedite applications. CBPI does not take liability for the implications upon practice for those who do not make timely submissions for re-accreditation. CBPI does not take responsibility for delays in processing times.
15. You may apply up to seven months before the date your re-accreditation becomes due.
16. You can make a photocopy of the Re-accreditation/ Retention Certificate for your records, but you should always keep the original certificate.



**APPLICATION FORM FOR RE-ACCREDITATION AS A
COGNITIVE BEHAVIOURAL PSYCHOTHERAPIST
WITH
COGNITIVE BEHAVIOURAL PSYCHOTHERAPY
IRELAND (CBPI)**

Name: _____ **Title: Mr, Mrs, Miss, Ms, Dr. (Please Underline)**

Address:

Telephone:

Email:

Profession :

Job Title:

Employment Status:

Email Address:

Please confirm that you have been awarded Full Accreditation and Re-accreditation (if applicable) and the date of the last award. (CBPI may request the original certificate last issued to you)

Confirmation	Date				
I have been awarded Full Accreditation or <input type="checkbox"/> Re-Accreditation <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Date of issue of last issued Full Accreditation Certificate</td> <td style="width: 100px;"></td> </tr> <tr> <td style="padding: 2px;">Expiry Date of last issued Full Accreditation Certificate</td> <td></td> </tr> </table>	Date of issue of last issued Full Accreditation Certificate		Expiry Date of last issued Full Accreditation Certificate	
Date of issue of last issued Full Accreditation Certificate					
Expiry Date of last issued Full Accreditation Certificate					

Professional Accountability and CBT Practice

For your Current Professional Practice give details of the last year including client population and settings

Date	Professional position	Employed by (or Private Practice)	Professionally Accountable to	Clinical Setting	Client Populations	Hours Per week	Total % CBT

For your Cognitive Behavioural Psychotherapy Practice only give details of the proportion of your practice spent on Clinical Practice, Supervision, Teaching and Training, Consultation and other activities and give a summary of your current CBT Practice

Clinical Practice	%=
Receiving Supervision	%=
Providing Supervision	%=
Receiving Training	%=
Providing Training	%=
Consulting	%=
Other (State)	%=
Summary of and Additional Comments on current CBT practice	

CBT Clinical Supervision

Summarise your CBT clinical supervision and support arrangements for the last 5 years; include your ongoing current arrangements

Continual Professional Development (CPD) Activities

Please provide a brief summary of your CPD activities and include you're Log Book for the past 5 years since Full Accreditation / last Re-accreditation was granted. The Log Book should provide evidence of at least 50 hours of CPD activity per year. Please include supporting evidence (copies only, do not include originals).

Criminal, Civil, Investigatory & Disciplinary Declarations

All applicants must answer each of the six questions below

If you tick YES to any of the questions, you must declare the details on a separate statement and enclose it with your application; you may wish to discuss this with the accreditation committee in advance.

You may provide an additional statement dated and signed making a full disclosure which may be included in a sealed envelope with your application.

Questions

Have you ever been convicted of any criminal offence in any court in Ireland or elsewhere which might prejudice the public's trust in you, your profession, or CBPI, if accurately informed about all the circumstances of the case?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Have you been found guilty of a civil offence	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Have you been refused / expelled from membership of any other professional body / Register on the grounds of professional misconduct or other professional related offences	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Have you ever been the subject to any professionally related disciplinary action (which may or may not have ended in dismissal)	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Are you currently / likely to be subjected to any criminal, civil, investigatory or disciplinary proceedings or enquiries?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
To your knowledge, have you ever been, or likely to be involved in a situation or incident likely to result in disciplinary against you as a member of CBPI	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

MAKING FALSE STATEMENTS CAN RESULT IN CANCELLATION OF YOUR MEMBERSHIP

DECLARATION:

As a member of CBPI-CLG, I agree to abide with the Code of Professional Conduct, Performance and Ethics in the practice of cognitive and behavioural psychotherapy.

The information contained in this application and any accompanying papers is accurate to the best of my knowledge

Name:

Date:

Signature:

PLEASE ENSURE THAT YOU SIGN AND DATE HERE. IT IS ESSENTIAL THAT YOU COMPLETE ALL PARTS OF THIS FORM AND HAVE MARKED THE APPROPRIATE BOXES OTHERWISE IT WILL NOT BE PROCESSED AND RETURNED TO YOU

The accreditation committee reserves the right to seek further information from relevant parties on the application

CHECKLIST FOR RE-ACCREDITATION		Return all documentation to:
Description	Tick	CBPI - CLG (The Lighthouse Clinic) 2 Winton House Miltonsfields Dublin Road Swords Co. Dublin K67 KW54
Completed application form	<input type="checkbox"/>	
Re-Accreditation fee €25	<input type="checkbox"/>	
Enclosed CPD Log Book	<input type="checkbox"/>	
Certificates/Evidence of CPD activities (Copies)	<input type="checkbox"/>	
Clinical Supervisors Report	<input type="checkbox"/>	
Log Book of Clinical Supervision	<input type="checkbox"/>	
Any other documentation relevant to application	<input type="checkbox"/>	