

## Certificate of Identity

Applicant's  
passport photograph here

**This Certificate must be completed for the applicant, by a person who is working in one of the regulated Health Care, Legal or Justice Professions.**

I, \_\_\_\_\_ (here insert name of the person certifying the applicant)

of \_\_\_\_\_

have known \_\_\_\_\_  
(here insert the name and address of the Applicant)

for \_\_\_\_\_ years.

I confirm that:

1. I am by occupation or profession a \_\_\_\_\_
2. I have examined the affixed passport sized photograph of the above named applicant as being current.
3. I confirm that the person appearing in these photographs is one and the same as the above named applicant.
4. I am providing this confirmation for the benefit of Cognitive Behavioural Psychotherapy Ireland in connection with an accreditation application by the above named applicant.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please affix official stamp or seal if applicable here: