

**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 by Ordinary Post. 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. CBPI will not accept or process unrequested completed application forms or supporting documents submitted by email. CBPI is unable to accept Registered Post.
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not available at the time of approval, an offer of re-accreditation may be amended or, in exceptional circumstances, withdrawn.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:**

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UNCONTROLLED VERSION WHEN PRINTED OR SAVED LOCALLY the electronic version on the website is the only version that is maintained

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**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)

<b>Confirmation</b>	<b>Date</b>
<b>I have been awarded</b>  <b>Full Accreditation or</b> <input type="checkbox"/>  <b>Re-Accreditation</b> <input type="checkbox"/>	<b>Date of issue of last issued Full Accreditation Certificate</b>  <hr style="border: 0; border-top: 1px solid black;"/> <b>Expiry Date of last issued Full Accreditation Certificate</b>

**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**

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

**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 your 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

<b>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?</b>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<b>Have you been found guilty of a civil offence</b>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<b>Have you been refused / expelled from membership of any other professional body / Register on the grounds of professional misconduct or other professional related offences</b>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<b>Have you ever been the subject to any professionally related disciplinary action (which may or may not have ended in dismissal)</b>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<b>Are you currently / likely to be subjected to any criminal, civil, investigatory or disciplinary proceedings or enquiries?</b>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<b>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</b>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

**MAKING FALSE STATEMENTS CAN RESULT IN CANCELLATION OF YOUR MEMBERSHIP**

**DECLARATION:**

I confirm I have read and understood the CBPI criteria, requirements to maintain accredited status and guidance notes before making this application. I have completed this application form fully and the information provided on this form, is to the best of my knowledge, information and belief, true, accurate, correct and complete. I understand that CBPI-CLG has the right to verify or to ask me to verify any information contained in my application and to ask me to supply additional information in relation to my application. CBPI may ask me to supply this additional information by means of a declaration. I agree to Garda vetting.

I understand that if my application is accepted I will agree to abide with the Code of Professional Conduct as adopted by Cognitive Behavioural Psychotherapy Ireland. I declare I have signed this form in my handwriting.

Name:

Date:

Signature:

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**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

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