

**CBPI ACCREDITED SUPERVISOR &
SUPERVISOR REACCREDITATION
APPLICATION FORM**

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

APPLICANT'S RESPONSIBILITY:

1. The applicant is responsible for ensuring that an application is complete, correct and on time.
2. The onus is on the applicant to check their suitability fulfils the entry criteria for Supervisor accreditation with CBPI. It is the applicant's responsibility to submit sufficient evidence as proof of meeting the criteria.
3. 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.
4. 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 made to the original application.
5. 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 nor will process application forms or supporting documents submitted by email. CBPI is unable to accept Registered Post.
6. CBPI may request verification from the issuing authority of any or all details on documentation presented. Training details requested must be provided.
7. In the light of additional information which was not available at the time of approval, an offer of accreditation may be amended or, in exceptional circumstances, withdrawn.
8. CBPI reserves the right to correct errors made in the communication of decisions and offers.
9. Do not send any original documents. Cognitive Behavioural Psychotherapy, Ireland will not take responsibility for their loss or damage. Applicants are advised to ensure they receive CBPI acknowledgement of receipt of their application sent (by Ordinary Post). CBPI is unable to accept Registered Post.
10. 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.
11. An application considered incomplete through inadequate completion of the application form or providing insufficient or illegible information or documentation 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.
12. All applications must be accompanied by the correct application fee. Cheque/Bank Draft payable to CBPI. The application processing fee is not refundable.
13. CBPI attempts to process applications in a reasonable and timely manner. CBPI does not expedite applications. CBPI does not take responsibility for delays in processing times.

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

1. Trained in a specialised Cognitive Behavioural Psychotherapy course and meet the training standards of CBPI.
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 for not less than three consecutive years at the date of application.
5. Have ongoing CBT-specific supervision with a supervisor having CBT knowledge and experience.
6. Provide evidence of maintaining Clinical Practice.
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. Provide evidence of a minimum of 3 years supervisory practice and having completed a clinical supervision course for first time applicants.
10. Provide a professional reference from a member of a professional organisation with current knowledge of your supervisory practice.

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OFFICE USE ONLY	Date Received	Fee Paid			
		Amount	Date	Cheque Nos.	Online payment

APPLICATION	SELECT	PARTS OF APPLICATION FORM TO BE SUBMITTED
First Time as CBPI Accredited Clinical Supervisor	YES <input type="checkbox"/>	PART (A) and PART (B)
Reaccreditation of CBPI Supervisor status	YES <input type="checkbox"/>	PART (A) ONLY

PART A

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

CBPI Full Accreditation details

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

Membership Status as CBPI Practitioner	Select	Date of Last Award	Expiry Date of Last Award	Is CBPI Membership Status currently valid	
I have been awarded Full Accreditation (CBPI)	<input type="checkbox"/>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have been awarded Reaccreditation (CBPI)	<input type="checkbox"/>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have been awarded CBPI Accredited Clinical Supervisor status previously	<input type="checkbox"/>			YES <input type="checkbox"/>	NO <input type="checkbox"/>

My Full Registration status with CBPI has lapsed for a period, in excess of twelve consecutive months since, my first, full accreditation with CBPI. The lapse is not explained by processing delay, subsequent to CBPI acknowledging receipt of my reaccreditation application.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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PART - A

PRIVATE PRACTICE PRACTITIONERS ANSWER <u>ONLY</u> IF YOU ENGAGE IN PRIVATE PRACTICE		
1. Do you engage in providing CBT-related professional services in a private capacity? E.g. CBT Clinical Supervision, course training etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. If you have answered YES to working in private capacity Professional Liability Insurance Policy - Changes of Circumstances Notification: Should there be any facts or material information or any change of circumstances having effect on my registration as a CBPI accredited practitioner; I have properly represented and disclosed that in the observance and fulfilment of the 'Terms of Business' with my professional liability insurance provider and public liability obligation to my supervisee/s and employer/s.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Declaration for CBPI Registered Practitioners providing Professional Services Privately:

I am not aware after enquiry, of liability claims made against me nor am I aware of any circumstances which might give rise to a claim against me, my employer/s, supervisees or any of my employees or Cross Liabilities person whilst acting in connection with the Professional Services I provide, as part of the Business.

NAME:

Signature:

Date:

PART - A

Professional Accountability and dedicated CBT Practice

Professional CBT Clinical Practice, give details of the last 3 years,

In order to be eligible for CBPI Accredited Supervisor Reaccreditation, you must be

- currently practicing CBT
- at least 50% of your psychotherapeutic practice must be CBT
- the minimum caseload for maintaining Accreditation is two clinical contacts per week or one client contact per week totalling to ninety six clinical contacts or alternatively forty eight client contacts per year.

Summary of the last three years of your CBT Practice arrangements

Average number of Clinical CBT hours per week	
Percentage of psychotherapeutic practice which is CBT	

Practice Details As a CBT Therapist of last three years

Give details of the last three years of all your Behavioural and/or Cognitive Practice, employment and working roles/s (which may include time undergoing training); this will provide Assessors with an overall sense of the context within which you are practicing CBT. Include details of any extended periods out of practice.

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

PART - A

Summarise your CBT clinical supervision and support arrangement for the last 3 years, including your ongoing current arrangements.

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

I enclose my Supervisor's Report, from my current Supervisor's dated within the last month

YES

I enclose my Supervisor's Report, from my previous Supervisor's (only required if you had current supervisor for less than 6 months)

YES

PART - A

Please give details of your **current supervision practice**:

Summarise the CBT supervision of your clinical supervision and support arrangement for the last 3 years, including your ongoing current arrangements. Please provide evidence of 3 years of supervisory practice e.g. anonymised clinical supervision notes.

I enclose my Supervisor's Report, from my current Supervisor of my Supervisory Practice

YES

PART - A

Please summarise your sustained commitment to the practice of CBT during the past 3 Years including Continuing Professional Development (CPD) e.g. attending workshops, conferences and seminars relating to CBT Supervisory Practice; additional training relating to CBT Supervisory Practice and skills.
(Providing CBT Supervision, and undertaking Supervisory Supervision do **not** count as relevant CPD activity)

Accreditation as a CBPI clinical supervisor coincides with the duration period mentioned on the CBPI Full Accreditation or Revalidation/ Reaccreditation certificate.

Supervisor status is defunct and void if your full membership status of CBPI-CLG is not maintained.

Full membership of CBPI and Accredited Supervisor status must be renewed at the same time.

Re-accreditation requirements:

1. Evidence of 50 hours of Continuing Professional Development per year (CPD Log)
examples of suitable activities for CPD may be requested.
2. Evidence of at least an hour per month for the provision of CBT Clinical Supervision and Supervision of your Supervision throughout your supervisor accreditation period. Supervisors report for both.

PART - A

DECLARATION

I confirm I have read and understood the CBPI criteria, requirements to maintain the approved Clinical Supervised status and guidance notes before making this application. I accept the application processing fee is not refundable. I understand my commitment to ongoing Supervisory Practice, Continuing Professional Development, and Clinical and other relevant Supervision. I accept the information in this application is accurate and true. 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

NAME:

Signature:

Date:

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Enclosures	Tick	Please submit documentation to
Reaccreditation of Supervisor status		
Current Clinical Supervisor's Report		<p style="text-align: center;">(by Ordinary Post)</p> <p>CBPI Accreditation Committee 2, Winton House (The Lighthouse Clinic) Miltonsfields Dublin Road Swords Co. Dublin K67 KW54</p>
Supervision of Supervision Report		
CPD Log		
Processing Fee €80 (Cheque/Bank Draft payable to CBPI)		
Proof of Professional Liability Insurance (if you engage in providing CBT-related professional services in private capacity)		
Additional information requested from First-time applicants For Accredited Clinical Supervisor status:		
Certificate/ Evidence of Supervision Training		
Log Book of Provision of CBT Supervision		
Reflective Practice Statements of CBT Supervisory Continuing Professional Development (CPD)		
Supervisee's Feedback Reports		

PART - B

Additional information to be completed only by first time applicants for CBPI Accredited Supervisor status.
If you need additional space please add pages and label clearly.

Summarise the Training in Clinical Supervision that you have received

I include the Certificate/ evidence of the Supervision Training I have undertaken.
(First Time applicants only)

YES

NO

In the box below, please provide a narrative & reflective statement of not more than 500 words of your CBT clinical experience **since becoming fully accredited with CBPI** which shows that you have treated a minimum of 50 CBT clients, of which at least 10 were severe and complex, chronic cases; all cases should have been under regular CBT Clinical Supervision

PART - B

Additional information to be completed only by first time applicants for CBPI Accredited Supervisor status. If you need additional space please add pages and label clearly.

Log Book of Provision of CBT Supervision:

First-time applicants for Accredited Supervisor status must provide evidence of at least 80 hours of CBT Supervision over the past three years and have evaluations of this Supervisory Practice from Supervisees, and / or other external verification means such as reports from Course Directors / Supervisors for whom you have provided Supervision.

I include the Log Book of the CBT Supervisory Practice provided by me in the past three years (First Time applicants only)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Reflective Practice Statements of CBT Supervisory Continuing Professional Development (CPD):

You must complete a minimum of one supervisory CPD activity per year.

I include reflective statements for the Supervisor CPD, I have completed in the past three years (First Time applicants only)	Number Included =
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Supervisee's Feedback Report:

You must submit a minimum of five of these completed by current or recent Supervisees. These documents should be completed and signed within three years prior to your application submission. You are responsible for obtaining the Supervisees' Feedback Reports and their consent for including them with your application and for letting your supervisees know that your application has been submitted for your supervisor evaluation by CBPI.

I include my Supervisees Feedback forms completed in the past three years (First Time applicants only)	Number Included =
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Supervisory Reference: this must be completed by an experienced and dedicated CBT Practitioner who provides Supervision or support of your CBT Supervisory Practice.

If you have been with your current supervisor for less than six months, you should also include one by your previous supervisor.

I include my Reference from the Supervisor of my Supervisory Practice.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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