



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

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 requirements for reaccreditation with CBPI. It is the applicant's responsibility to submit sufficient evidence as proof of meeting the requirements.
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 or process unrequested completed 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. Further details requested by CBPI must be provided.
7. In the light of additional information which was not available at the time of approval, an offer of reaccreditation may be amended or, in exceptional circumstances, withdrawn.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.
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.

REQUIREMENTS FOR RETENTION OF FULL ACCREDITATION

1. CBPI does not send individual reaccreditation reminders.
2. It is the member's responsibility to ensure
 - requirements for retention of accreditation are met within timeframes mentioned on the accreditation certificate
 - they obtain acknowledgement of their submitted application from CBPI
3. Members must have applied for/ submitted a completed application for reaccreditation/ revalidation by the end of the period mentioned on the accreditation certificate.
4. Lapses in submitting an application must not exceed twelve consecutive months from the date indicated on the last accreditation certificate. Processing/ outcome delays subsequent to CBPI receiving a completed reaccreditation application will not affect one's retention of accreditation.
5. Applications for reaccreditation may be submitted up to nine months prior to accreditation period end date.
6. Accredited status held in another CBPI category must be renewed at the same time of seeking reaccreditation/revalidation.
7. Members must be paying the specified annual full membership fees for each year of the previous full membership period maintained.
8. Members who engage in providing Private CBT-related Professional Services must:
 - provide evidence of having held/ having appropriate professional indemnity for private practice and CBT clinical supervision e.g. course training
 - inform employer/s, service users and professional indemnity provider of any change in their registration status and if registration becomes lapsed in excess of twelve months after it became due.

Please USE BLOCK CAPITALS (if handwriting) while completing this form.

Forms should preferably be typed.

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

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

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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ANSWER ONLY IF YOU ENGAGE IN PRIVATE PRACTICE

Private Practice Practitioners		
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 service user/s, 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:

Professional Accountability and CBT Practice

In order to be eligible for CBPI 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.

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

Continuing 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 questions below

If you check YES to any of the questions, you must declare the details in a separate statement and enclose with your application in a sealed envelope.

Your additional statement should be dated and signed and make a full disclosure.

Questions

1. 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 the CBPI, if accurately informed about all the circumstances of the case?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you been found guilty of a civil offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you been refused/ expelled from membership of any other professional body/ Register on the grounds of professional misconduct or other adverse professional related findings.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. 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"/>
5. Have you ever initiated a formal complaint with an agency, professional body or registered voluntary organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. 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"/>
7. To your knowledge, have you ever been, or likely to be involved in a situation or incident likely to result in adverse findings or disciplinary action against you as a member of a professional body, institution or CBPI-CLG	Yes <input type="checkbox"/> No <input type="checkbox"/>

MISREPRESENTING FACTS AND MAKING FALSE STATEMENTS CAN RESULT IN CANCELLATION OF YOUR MEMBERSHIP

It is important that you read this Declaration carefully and then sign it in the space below.

DECLARATION:

I
[insert name of applicant here]

Of
[insert your usual residential address here]

do solemnly and sincerely declare as follows:

I have read and understood the guidance notes and CBPI-CLG's requirements to retain accredited status before making this application. I accept the application processing fee is not refundable.

As the applicant seeking retention I understand and accept the provision that my actions and conduct should not be seen as canvassing, influencing, interfering with or compromising CBPI's assessment process in any way. I also understand that if my conduct is seen as contravening this provision my actions will make this application inadmissible; and where membership of CBPI-CLG has been granted as a result of that process, I could forfeit accreditation/ membership of CBPI-CLG.

I declare that to the best of my knowledge and belief there is nothing in relation to my conduct, past actions, character or personal background of any nature that could adversely influence the decision making process on my application. I hereby confirm my irrevocable consent to CBPI-CLG seeking further information, as CBPI-CLG deems necessary and to their satisfaction in respect of my suitability for retention of membership for which this application is made. I hereby accept and confirm the privilege of CBPI-CLG to refuse my application or cancellation of my membership (in the event of membership having been granted) if I do not provide or have omitted to furnish to the satisfaction of CBPI-CLG further information requested of me relevant to the assessment of my suitability to retain membership and accreditation of CBPI-CLG. 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:

Failure to sign application will render it invalid

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CHECKLIST FOR RE-ACCREDITATION MEMBER		Please submit documentation to
Description	Tick	
Completed Reaccreditation application form		<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>
ONLY If applicable: If you hold membership in another CBPI membership category E.g. CBPI Accredited Clinical Supervisor Are you including its renewal application?		
Re-Accreditation fee € 30		
Enclosed CPD Log Book		
Certificates/Evidence of CPD activities (Copies)		
Proof of Professional Liability Insurance (if you engage in providing CBT-related professional services in private capacity)		
Clinical Supervisor's Report		
Log Book of Clinical Supervision		
Any other documentation relevant to application		