



## **EXEMPLAR/ Guidelines for COMPLETING APPLICATION FORM FOR FULL ACCREDITATION WITH (CBPI)**

Before applying to CBPI for accreditation it is important that you consult these guidelines to help with completing your application:

Applicants are advised to familiarise themselves with the

- 1) CBPI Criteria for Full Accreditation as a Cognitive Behavioural Psychotherapist
- 2) Applicants MUST fulfil CBPI's eight criteria.
- 3) Applicant's responsibilities.

### **APPLICANT'S RESPONSIBILITIES:**

- Your application must be set out as described in this document in order to be considered for Accreditation.
- Please ensure that you have evidenced and labelled (cross-referenced) documents within the application form on how you meet all Accreditation criteria.
- If your submitted form does not meet the required information in terms of completeness, layout, supporting documents, evidence and dates, the application will not be entered into the process. It will be returned to you (by Ordinary Post), you will be asked to resubmit another application.
- Continuation pages may be added should there be insufficient room in the application form. An applicant may include additional sheets if needed.
- Application forms should preferably be typed in Word (.doc) format.
- CBPI does not expedite applications.

Each section of the Accreditation Application Form is explained, and example information for each section is shown below.

Please USE BLOCK CAPITALS (if handwriting) WHILE COMPLETING THIS FORM referring to attached Accreditation Criteria Notes (use additional sheets if necessary). 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

Passport Photograph here

Are you applying for: **Full Accreditation**

<b>Name:</b> FIRST NAME , SECOND NAME, SURNAME	<b>Title:</b> Mx (Mr, Mrs, Miss, Ms, Dr. )
<b>Residential Address:</b> 1 Any Address, Any Town, Anywhere, Eir Code	
<b>Postal Correspondence Address:</b> same as above	

<b>Country of Birth:</b> Any Country	<b>Nationality:</b> National of a country
<b>Date of Birth:</b> Day / Month / Year	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> <b>Gender Identity you identify with:</b> Prefer Not To Answer <input checked="" type="checkbox"/>

<b>Email Address:</b> firstname@email.com	
<b>Telephone:</b>	<b>Mobile:</b> 087 - 000 0001
<b>Profession:</b> Registered Nurse	<b>Present Job Title:</b> Cognitive Behavioural Psychotherapist
<b>Place of employment:</b> CBT Clinic, CHO -X, Health Service Executive	

## **CRITERION 1**

This section is about your CORE PROFESSION ONLY (Not specialist CBT Training).

You must tick ONLY ONE of the Core Professions below, which is your main Core Profession in which you have a CBPI recognised qualification.

Give details of your Core Professional Training only, including your academic and professional qualifications.

- Provide evidence of your qualifications, for example, certificates.
- Please label the document/s for easy reference, for example write '1A', '1B' etc. at the top of the page.
- Also provide details of membership of other professional bodies, including those relating to your Core Profession, and provide details of the type of registration or membership, for example student member, graduate member, associate member, accredited member etc.

### **Please list your core academic and professional qualifications**

E.g. core professional training, relevant first degree (please enclose a copy of your certificates)

(See criterion 2 for specialist Cognitive and Behavioural Training)

<b>DATES</b>	<b>QUALIFICATION</b>		<b>AWARDING BODY</b>
	<b>Core Academic Qualification</b>	<b>Tick</b>	
2000-2004	Nursing	✓	University of elsewhere, NMBI, Registration Nos. Evidence Included, Evidence Labelled as 1A
	Psychology		
	Medicine		
	Social work		
	Counselling &/Psychotherapy (of acceptable standard to the CBPI)		
	Occupational Therapy		

## **CRITERION 2**

This section is about your Specialist Behavioural and/or Cognitive training.

You must provide evidence to CBPI of how you have met our Training and Accreditation Criteria. **These standards are the minimum level of training, experience and practice required for entry on to the National Register of Psychotherapists with the Irish Council for Psychotherapy (ICP).**

CBPI-CLG's Standards for Accreditation are:

1. A minimum of four years part-time training in Cognitive Behavioural Psychotherapy.
2. Training must have provided 500 theoretical hours.
3. 360 of the hours must be direct contact teaching delivered by CBT-accredited practitioners with a Cognitive Behavioural Therapy qualification.
3. The remainder of 140 hours is made up of tutor-led, practical skills training in the classroom.
4. A minimum of 450 hours of CBT Clinical Practice (supervised by an appropriate CBT Clinical Supervisor).
5. A minimum of 200 hours of Clinical Supervision.
6. A minimum of sixteen, supervised cases undertaken during training, covering at least five different problems types.
7. Minimum of 6 hours of CBT psychotherapy per client.
8. Applicants must list the clients treated, record the supervised hours for each client. Document which clients were written up and who was their supervisor.

### **Theoretical Taught Training Hours**

Training must have provided 500 theoretical hours of which 360 must be direct contact teaching by CBT-accredited practitioners with a Cognitive Behavioural Therapy qualification. It implies taught or Tutor-led teaching through lectures, presentations, or tutor-led workshops which might involve demonstration, role-play and specific skills practice activities. The taught CBT theory and skills hours should be on evidence-based, disorder-specific, core CBT models of formulation and treatment.

Practical skills training in the classroom - e.g. role play, skills practice, case formulation exercises, experiential exercises as part of more formal workshops, practicing delivery of psycho-educational material to groups, learning to use formal measures. Some aspects of placements might also be considered as contributing to skills development - including co-therapy with a more experienced therapist; in-course or in-placement training focused specifically on skills development whilst still in formal training (not Clinical Supervision); consultations in relation to specific cases for example team case formulation workshops, etc.

Such skills development activity would generally form part of a formal, assessed training curriculum.

### **Credentialing of CBT Speciality Training Taken**

The taught component of the Training Course taken **must** be taught by accredited CBT trainers: they will be CBPI Accredited Practitioners, or have a Post Graduate specialist training in CBT; be practicing sufficient CBT hours as their main therapeutic modality; be receiving CBT-specific CPD; must be maintaining accreditation with a recognised CBT-accreditation body; and be receiving appropriate CBT Supervision. It is the applicant's responsibility to provide evidence of the CBT credentials of trainers.

Applications **will not** be accepted that do not include a full CV list or similar evidence of all the qualifications of the teaching and supervision staff of their speciality CBT training course.

### Evidence of your Training in CBT

The substantial majority of your taught CBT skills and theory hours will usually have been taught in a single, sequenced and assessed Post Graduate programme of study from a University validated training course.

It is your responsibility to match your training to CBPI's Training and Accreditation Standards, and clearly evidence this to us; **it is not the responsibility of CBPI to analyse, track and trace, draw out, and calculate how you have met the standards.** Applications will not be accepted if they do not include the full, accurate and detailed actual delivered timetable or curriculum. The number of hours CBT teaching should be clearly indicated, and labelled distinctly as skills or theory. Please take the time to present your evidence helpfully as this significantly speeds up the process of Accreditation. You must label evidence as it relates to each section of the application form. Certificates of qualification confirm that you have attained the qualification, and should be provided (copies, not originals).

### Applicants applying for **accreditation to complete all sections**

Applications will not be accepted if they do not include a full CV list or similar evidence of all the qualifications of the teaching and supervision staff on your course and a full, accurate and detailed timetable or curriculum.

Give details as requested, including the course title or name of the qualification, and the awarding body or institution.

You must provide evidence of the delivered timetable and curriculum for this training. Your evidence must be helpful and clear so that CBPI can verify your claims. Please ensure you label and highlight relevant information that matches your claims. Also provide evidence of your qualifications, for example, certificates.

#### **Criterion 2a (i) Give details of length and title of specialised CBT training e.g. PG Dip CBT etc.**

**Please enclose course transcript. Applicants applying for accreditation must provide copies of certificate**

Start Date	Finish Date	Length of course	Title of course	Awarding Body
2002	2003	12 months	PG Diploma CBT	University of Elsewhere
2005	2005	06 months	Certificate in Schema Therapy	University of Elsewhere

**Criterion 2a (ii)** Please detail **theoretical training hours** (500 hours, of which 360 hours must be direct tutor contact hours) of the specialist CBT course identified above delivered by accredited CBT practitioners with a Cognitive Behavioural Therapy qualification (Please use additional sheets if needed)

Please differentiate between direct tutor and skills based hours. Please provide academic course transcript.

**This section is about Taught CBT theoretical and skills components relating to your specialist CBT SPECIALIST TRAINING ONLY**

Details of your significant formal CBT training course should be included here. Courses entered in this section should have worked to a specified curriculum, and will have involved formal assessment, for example marked assignments.

Give details as requested, including the course title or name of the qualification, and the awarding body or institution. State the number of taught hours that are stated in the curriculum for this training, specifying theory and skills where possible.

Prescribed notional / self-directed study hours should not be detailed here.

You must provide evidence of the delivered timetable and curriculum for this training. Please label the document/s you attach for easy reference, for example write '2A (ii) 1', '2A(ii)2' at the top of the page.

Applications will not be accepted if they do not include a full CV list or similar evidence of all the qualifications of the teaching and supervision staff on your course and a full, accurate and detailed timetable or curriculum with comprehensive highlighting of the areas of study which show that you have met CBPI - Training and Accreditation Criteria.

**Criterion 2a (ii)** Please detail **theoretical training hours** (500 hours, of which 360 hours must be direct tutor contact hours) of the specialist CBT course identified above delivered by accredited CBT tutors with a Cognitive Behavioural Therapy qualification (Please use additional sheets if needed)  
Please differentiate between direct tutor and skills based hours. Please provide academic course transcript

DATE	Title of Module/Lectures	Teacher/Lecturer Provide CV list of qualifications of trainers	Nos. of Hours Taught Theory Highlight on timetable/ curriculum	Nos. of Hours Taught Skills Highlight on timetable/ curriculum	Evidence Labelled as
<b>PG Diploma CBT - University of Elsewhere:</b>					
18/09/2002	Course Introduction	Dr. First, Second Name Ms. First, Second Name	2 hours		2A (ii) 1
18/09/2002	Therapeutic Relationship in CBT	Dr. First, Second Name	2 hours		"
18/09/2002	Introduction to Supervision	Ms. First, Second Name	1 hour		"
18/09/2002	Learning Experience	Mr. First, Second Name	1 hour		"
19/09/2002	Cognitive Model of Depression	Ms. First, Second Name	3 hours		"
19/09/2002	Learning Theory	Dr. First, Second Name	3 hours		"
19/09/2002	Practice of CBT, Core Competencies, Problem Focus	Dr. First, Second Name	3 hours		"
19/09/2002	Structure of CBT sessions	Ms. First, Second Name		3 hours	"
21/09/2002	Using Inventories, Logs and Scales	Ms. First, Second Name	3 hours		2A (ii) 1
19/09/2002	Practice of CBT	Dr. First, Second Name		3 hours	"
22/09/2002	Assessment in CBT	Dr. First, Second Name	3 hours		"
29/309/2002	CBT Formulation	Dr. First, Second Name	3 hours		"
06/10/2002	Negative Automatic Thoughts	Mr. First, Second Name	3 hours		"
06/10/2002	Practice of CBT	Dr. First, Second Name		3 hours	"
06/10/2002	CBT Exposure Techniques	Dr. First, Second Name	3 hours		
13/10/2002	CBT Exposure Techniques	Dr. First, Second Name	3 hours		"
13/10/2002	Self-Practice/ Self-Reflection Introduction and Exercise	Ms. First, Second Name		2 hours	"
13/10/2002	Goal Setting, Measuring Progress	Ms. First, Second Name	2 hours	2 hours	"
20/10/2002	Practice of CBT	Ms. First, Second Name		2 hours	"
20/10/2002	Supervision	Ms. First, Second Name		3 hours	"

**Criterion 2a (ii)** Please detail **theoretical training hours** (500 hours, of which 360 hours must be direct tutor contact hours) of the specialist CBT course.

(CONTD. from previous page)

DATE	Title of Module/Lectures	Teacher/Lecturer Provide CV list of qualifications of trainers	Nos. of Hours Taught Theory Highlight on timetable/ curriculum	Nos. of Hours Taught Skills Highlight on timetable/ curriculum	Evidence Labelled as
20/10/2002	Socratic Questioning and Challenging	Ms. First, Second Name	2 hours	2 hours	2A (ii) 1
27/10/2002	Thought Records	Dr. First, Second Name	3 hours		"
27/10/2002	Practice of CBT	Ms. First, Second Name		2 hours	"
27/10/2002	Case Study skills	Dr. First, Second Name	3 hours		"
10/11/2002	Case Presentations	Ms. First, Second Name		2 hours	
10/11/2002	Cognitive Model of Anxiety	Dr. First, Second Name	4 hours		"
17/11/2002	Behavioural Experiments	Ms. First, Second Name	7 hours		"
17/11/2002	Practice of CBT	Ms. First, Second Name		2 hours	"
23/11/2002	Workshop - Psychosis	Dr. First, Second Name		2 hours	"
23/11/2002	Behavioural Experiments	Ms. First, Second Name	2 hours		"
23/11/2002	Practice of CBT	Ms. First, Second Name		5 hours	"
24/11/2002	Supervision	Ms. First, Second Name		3 hours	"
24/11/2002	Case Conceptualisation	Dr. First, Second Name	7 hours		"
01/12/2002	Practice of CBT	Ms. First, Second Name		7 hours	"
01/12/2002	Self-Practice/ Self-Reflection	Ms. First, Second Name		2 hours	"
08/12/2002	Case Presentation	Ms. First, Second Name		2 hours	2A (ii) 1
08/12/2002	Cognitive Therapy Scale Revised (CTSR) & Termination in Therapy	Dr. First, Second Name	3 hours		"
08/12/2002	Practice of CBT	Ms. First, Second Name		5 hours	"
15/12/2002	Therapeutic Relationship in CBT	Mr. First, Second Name	7 hours (73)		"
10/1/2003	Underlying Assumptions	Mr. First, Second Name	7 hours		"
10/1/2003	Practice of CBT	Ms. First, Second Name		5 hours	"
	Practice of CBT	Dr. First, Second Name		3 hours	"
19/01/2003	Self-Practice/ Self-Reflection	Ms. First, Second Name		3 hours	"
19/01/2003	Case Presentations	Ms. First, Second Name		2 hours	"
19/01/2003	Practice of CBT	Dr. First, Second Name		3 hours	"
26/01/2003	CBT for OCD	Ms. First, Second Name	7 hours		"



**Criterion 2a (ii)** Please detail **theoretical training hours** (500 hours, of which 360 hours must be direct tutor contact hours) of the specialist CBT course.

(CONTD. from previous page)

DATE	Title of Module/Lectures	Teacher/Lecturer Provide CV list of qualifications of trainers	Nos. of Hours Taught Theory Highlight on timetable/ curriculum	Nos. of Hours Taught Skills Highlight on timetable/ curriculum	Evidence Labelled as
26/01/2003	Self-Practice/ Self-Reflection	Ms. First, Second Name		3 hours	2A (ii) 1
02/02/2003	CBT for Panic Disorder	Ms. First, Second Name	5 hours		"
02/02/2003	Case Presentations	Ms. First, Second Name		2 hours	"
09/02/2003	CBT for Social Phobia	Ms. First, Second Name	5 hours		"
09/02/2003	Practice of CBT	Ms. First, Second Name		5 hours	"
16/02. 2003	Case Formulation	Dr. First, Second Name	5 hours		"
16/02. 2003	CBT for PTSD	Dr. First, Second Name	7 hours		"
23/02/ 2003	Practice of CBT	Ms. First, Second Name		5 hours	"
23/02/ 2003	CBT for Health Anxiety	Dr. First, Second Name	3 hours		"
02/03/2003	Case Formulation	Dr. First, Second Name	5 hours		"
02/03/2003	CBT for Anxiety	Dr. First, Second Name	3 hours (121)		"
09/03/2003	Self-Practice/ Self-Reflection	Ms. First, Second Name		3 hours	"
09/03/2003	CBT for GAD	Ms. First, Second Name	5 hours		"
16/03/2003	Supervision	Ms. First, Second Name		3 hours	"
16/03/2003	Practice of CBT	Dr. First, Second Name		3 hours	"
11/04/2003	Case Presentations	Ms. First, Second Name		2 hours	"
11/04/2003	CBT for Perfectionism	Ms. First, Second Name	5 hours		"
13/04/2003	Practice of CBT	Ms. First, Second Name		5 hours	"
13/04/2003	Case Presentations	Ms. First, Second Name		2 hours (100)	"
	CBT with Children	Ms. First, Second Name	5 hours		"
20/04/2003	Supervision	Ms. First, Second Name		3 hours	"
20/04/2003	CBT with Adolescents	Ms. First, Second Name	5 hours		2A (ii) 1
27/04/2003	Practice of CBT	Ms. First, Second Name		5 hours	"
27/04/2003	Case Study & Recording Evaluation	Dr. First, Second Name Ms. First, Second Name		2 hours	"
04/05/2003	CBT for Chronic Conditions & Older Age	Mr. First, Second Name	7 hours		"
13/05/2003	Practice of CBT	Dr. First, Second Name		7 hours	"
13/05/2003	Self-Practice/ Self-Reflection	Ms. First, Second Name		3 hours	"
18/05/2003	CBT for Low Self Esteem	Ms. First, Second Name	5 hours		"
18/05/2003	Supervision	Ms. First, Second Name		3 hours	"

**Criterion 2a (ii)** Please detail **theoretical training hours** (500 hours, of which 360 hours must be direct tutor contact hours) of the specialist CBT course.

(CONTD. from previous page)

DATE	Title of Module/Lectures	Teacher/Lecturer Provide CV list of qualifications of trainers	Nos. of Hours Taught Theory Highlight on timetable/ curriculum	Nos. of Hours Taught Skills Highlight on timetable/ curriculum	Evidence Labelled as
25/05/2003	Cognitive Therapy Scale Revised (CTSR)	Dr. First, Second Name		3 hours	2A (ii) 1
25/05/2003	CBT for Complex conditions	Mr. First, Second Name	7 hours		"
25/05/2003	Supervision	Ms. First, Second Name		3 hours	"
07/06/2003	Mindfulness in CBT	Ms. First, Second Name		3 hours	"
07/06/2003	Third Wave Behavioural Theories	Ms. First, Second Name		3 hours	"
14/07/2003	Supervision	Ms. First, Second Name		3 hours	"
14/07/2003	Self-Practice/ Self-Reflection	Ms. First, Second Name		3 hours	"
14/07/2003	Reflective Essay	Dr. First, Second Name Dr. First, Second Name		5 hours	"
20/7/2003	CBT in other settings	Dr. First, Second Name	3 hours		"
20/7/2003	Self-Practice/ Self-Reflection	Ms. First, Second Name		3 hours	"
21/07/2003	Future and Setting Up Practice	Dr. First, Second Name	2 hours		"
<b>PG Diploma CBT - Total Taught Hours</b>			<b>164 hours</b>	<b>149 hours</b>	
<b>Certificate in Schema Therapy - University of Elsewhere:</b>					
Feb. 2005 - Sept. 2005	<b>Certificate in Schema Therapy:</b> Concept and Case Conceptualization; Schema Therapy Relationship and Techniques; Specific Treatment Populations	Ms. First, Second Name Dr. First, Second Name	35 hours	35 hours	2A (ii) 2
			<b>Taught Theory 199 hours</b>	<b>Taught Skills 184 hours</b>	

**2a (ii) TOTAL TAUGHT (Theoretical) HOURS (199+184) = 383 hours**

I include a CV list of the training qualifications of the tutors and supervision staff on the CBT Training course I have undertaken.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**Criterion 2a (iii)** Please give details of **Personal Therapy /Psychotherapeutic Experience** completed during the specialist CBT course identified above. This must be a minimum of 250 hours over a 4 year part-time course

Date	Activity	Number of Hours	Method	Evaluation/ Evidence Labelled as
2002-2003	SP/SR as part of CBT training	59 hours	Structured class	Academic Transcript 2a(iii) 1
2003 - present	Personal therapy (ongoing)	23 hours	One to One	Letter from Ms. First, Second Name - 2a(iii) 2
2003 - present	Group Reflection in Multi Disciplinary Team	80 hours	Group Reflective Supervision as part of work in day hospital, multidisciplinary team monthly, 40 min. duration.	Evidence Letter from Team Leader - 2a(iii) 3
2014 - present	Schwartz Rounds	60 hours	Structured, monthly meetings for multi-professional groups of staff working in health care environments to reflect on the emotional aspects of their work.	Evidence Letter from Schwartz Round Facilitator - 2a(iii) 4
2005	Functional Analytic Psychotherapy - workshop	07 hours	Experiential workshop by Ms. First, Second Name	Evidence - Workshop Certificate - 2a(iii) 5
2005	Mindfulness in CBT x2 days	14 hours	Experiential workshop By Mr. First, Second Name	Evidence - Workshop Certificate - 2a(iii) 6
2006 - 2010	Personal reflective practice with three peers.	08 hours	Frequency - half-hour per participant every three months.	Evidence - Anonymised notes taken from dated meetings - 2a(iii) 7
<b>TOTAL HOURS</b>		<b>251 hrs.</b>	Must be at least 250 hours	

**2a (iii) TOTAL of Personal Therapy/ Psychotherapeutic Experience = 251 hours**

**Criterion 2a (iv) Details of supervised clinical practice**

Give details of your cognitive behavioural placements / Clinical skills training during specific training course.

Training must involve 450 hours of clinical practice with a portfolio of clients, providing evidence.

Trainees in clinical practice must receive a minimum of 200 hours of training supervision.

Date and Placement location	Number of Hours	Teacher / Supervisor	Evidence Labelled as
<p><b>2002-2004:</b> Somewhere Medical Centre Any Road Somewhere Co. Somewhere XX74 NNN Telephone 000-0000 0000</p> <p><b>Practice Manager -</b> Ms. First, Second Name</p> <p><b>Drs. Names</b></p>	<p>200 client hours</p>	<p>Mr. First, Second Name - Clinical Supervisor from September 2003 to date. <b>Training Supervision = 50 hours</b></p> <p>Ms. First, Second Name placement supervisor during my Training.</p>	<p>Letter from Placement Supervisor or Practice Manager - 2a(iv) 1</p>
<p><b>Post-Training period (2004-present):</b> Drs. Names - GP Practice Some Court A Road Some Town</p> <p><b>Practice Manager -</b> Ms. First, Second Name</p>	<p>continued accumulating clinically supervised hours from 2004 to date</p> <p><b>2005:</b> Client Hours = 200</p> <p><b>2006 :</b> Client Hours = excess of 200 No. of clients = 27</p> <p><b>2007:</b> Client Hours = 330 No. of clients = in excess of 30</p> <p><b>2008:</b> Client Hours = 300 No. of clients = in excess of 30</p> <p><b>2009:</b> Client Hours = 300 No. of clients = in excess of 30</p> <p><b>2010:</b> Client Hours = 300 No. of clients = in excess of 30</p>	<p>Mr. First, Second Name - Clinical Supervisor from September 2004 to 2010.</p> <p>"</p> <p><b>Training Supervision = 15 hours</b></p> <p>"</p> <p><b>Training Supervision = 15 hours</b></p> <p>"</p> <p><b>Training Supervision = 15 hours</b></p> <p>"</p> <p><b>Training Supervision = 20 hours</b></p> <p>"</p> <p><b>Training Supervision = 20 hours</b></p> <p>"</p> <p><b>Training Supervision = 20 hours</b></p>	<p>Letter from Clinical Supervisor and Practice Manager - 2a(iv) 2</p>

**Criterion 2a (iv) Details of supervised clinical practice**

Give details of your cognitive behavioural placements / Clinical skills training during specific training course.

Training must involve 450 hours of clinical practice with a portfolio of clients, providing evidence.

Trainees in clinical practice must receive a minimum of 200 hours of training supervision.

(CONTD. from previous page)

Date and Placement location	Number of Hours	Teacher / Supervisor	Evidence Labelled as
<b>Post-Training period (2003-2005):</b> part-time Elsewhere Mental Health Services - Day Hospital	Client Hours = 100	Mr. First, Second Name - Clinical Supervisor from September 2003-2005 <b>Training Supervision = 20 hours</b>	Letter from relevant Clinical Supervisor and Service Manager - 2a(iv) 3
<b>Post-Training period (2006 - 2009):</b> part-time Elsewhere Mental Health Services - Group Therapy with people in recovery	Psychotherapy Hours = 90	Ms. First, Second Name - Clinical Supervisor from September 2006-2009 Fortnightly supervision <b>Training Supervision = 40 hours</b>	Letter from relevant Clinical Supervisor and Team Co-ordinator - 2a(iv) 4
<b>Grand Total Clinical Hours</b>	<b>2030 client hours</b> (2002-2010)	Must be at least 450 hours	
<b>Grand Total Supervision Hours</b>	<b>215 hours</b> (2002-2010)	Must be at least 200 hours	

**Criterion 2a (iv) Give details of supervised cases during specific CBT training course (CONTD.)**  
**[Please get training supervisor(s) to complete report(s)]**

**This section is about CBT SPECIALIST TRAINING ONLY**

Here provide evidence of treating a range of mental health problems deemed suitable for Cognitive Behavioural Psychotherapy. Minimum of 6 hours per client covering at least 16 supervised cases with a minimum of five types of problems. Each of the sixteen cases should have been seen from assessment to conclusion, and have been an absolute minimum of six sessions, but some should be considerably longer. Each case should have been presented regularly in supervision. List the clients treated, record the supervised hours for each client. Document which clients were written up and who was the supervisor. Please ask all your training supervisors to complete a supervisor report.

Date	Type of problem treated	Supervised hours	Was case written up	Name of Training Supervisor	Evidence Labelled as
31.8.2003	Anxiety Disorder NOS / Pain Disorder associated with psychological factors (Chronic)	19	Yes	Mr. First, Second Name / Ms. First, Second Name	Trainee Logbook 2a(v)1
31. 8. 2003	Panic Disorder without Agoraphobia	14	Yes	Mr. First, Second Name / Ms. First, Second Name	"
31.8. 2003	Post Traumatic Stress Disorder (Delayed Onset)	15	Yes	Mr. First, Second Name / Ms. First, Second Name	"
07.9. 2003	Delayed Bereavement (Complicated Mourning) + Low Self Esteem	08	Yes	Mr. First, Second Name / Ms. First, Second Name	"
02.11.2003	Major Depressive Disorder – Single Episode	14	Yes	Mr. First, Second Name / Ms. First, Second Name	Trainee Logbook 2a(v)1
18.1.2004	Generalised Anxiety Disorder	11	Yes	Mr. First, Second Name / Ms. First, Second Name	"
25.1.2004	Social Phobia	14	Yes	Mr. First, Second Name / Ms. First, Second Name	"
15.3.2004	Obsessive Compulsive Disorder	15	Yes	Mr. First, Second Name / Ms. First, Second Name	"

**Criterion 2a (iv) Give details of supervised cases during specific CBT training course**  
**[Please get training supervisor(s) to complete report(s)]**  
**(CONTD. from previous page)**

Date	Type of problem treated	Supervised hours	Was case written up	Name of Training Supervisor	Evidence Labelled as
17.5.2004	Panic Disorder with Agoraphobia	16	Yes	Mr. First, Second Name / Ms. First, Second Name	Trainee Logbook 2a(v)1
24.5.2004	Grief and Anger	12	Yes	Mr. First, Second Name / Ms. First, Second Name	"
14.6.2004	Major Depressive Disorder – Recurrent	14	Yes	Mr. First, Second Name / Ms. First, Second Name	"
14.6.2004	Low Self Esteem	10	Yes	Mr. First, Second Name / Ms. First, Second Name	"
26.7.2004	Borderline Personality Disorder presenting as Panic Attacks, Depression & Binge Eating Disorder	28	Yes	Mr. First, Second Name / Ms. First, Second Name	"
13.9.2004	Acute Stress	11	Yes	Mr. First, Second Name / Ms. First, Second Name	"
13.9.2004	Anger Management with Anxiety	09	Yes	Mr. First, Second Name / Ms. First, Second Name	"
27.9.2004	Post Traumatic Stress Disorder	14	Yes	Mr. First, Second Name / Ms. First, Second Name	"

**Criterion 2a (v)**

**Please provide a copy of your CBT Training - Trainee/Student Professional Log for the length of your CBT training period.**

Do not send your Original Trainee Log Book.

Cognitive Behavioural Psychotherapy, Ireland does not take responsibility for loss, damage or the non-return of contents with your application.

The Trainee/Student Professional Training Log is a detailed record throughout training that provides evidence of the satisfactory completion of the practical work requirements for accreditation. The Log contains

- 1) Client Work
- 2) Supervision
- 3) Personal and Professional Development / Self Development Record and
- 4) Course Work ( you do not have to include actual course work assignments in your Log or assignments which relate directly to client work)

I include a copy of the Trainee Professional Log Book of the CBT Training undertaken.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If the training above has provided you with the required number of training hours to meet the minimum training hours in theory and practice please proceed to **critterion 3**



**Criterion 2 (b)** to be completed if the CBT specialist course identified in **2 (a)** above does not meet the required total theoretical hours for accreditation

All training, which includes criterion **2(a)** above, must reach a total of 500 theoretical hours. If the applicant has less than the agreed 500 theoretical please provide details of additional cognitive behavioural therapy courses/modules attended and details of curriculum and trainers. This should be provided by an accredited, recognised and named CBT practitioner.

Please enclose a copy of relevant certificates.

(Please get your training supervisor for the above course/modules to complete a supervisors report)

**This section is about CBT SPECIALIST TRAINING ONLY**

Any other specialist CBT training and experience which contributes to you meeting the minimum level of training, experience and practice required for entry on to the National Register of Psychotherapists with the Irish Council for Psychotherapy (ICP) should be detailed here E.g. any short courses, workshops, research projects, specialist placements etc.

Give details as requested, including the title of the course or workshop, or the kind of activity undertaken, the trainer, lecturer or placement supervisor, and the organising body. State the number of hours that have been undertaken for this activity, breaking out theory and skills where possible.

Provide evidence of your attendance, for example, certificates, placement records, agendas or minutes.

Please label the document/s for easy reference, for example write '2(b) 1' at the top of the page.

Dates (From - To)	Qualification	Hours Theory	Hours Practice	Tutor / Lecturer / Facilitator	Awarding Body/Institution	Evidence Labelled as
April 05 - 12, 2005	CBT - A Skill Based Learning Initiative (certificate)	15 hours	20 hours	Ms. First, Second Name	An Bord Altranais (Category 1)	Certificate of Attendance - 2(b)1
June 15, 2005	Memory, Schemata and Cognitive Therapy - workshop	4 hours	3 hours	Ms. First, Second Name	Name of Workshop organiser	Certificate of Attendance - 2(b)2
Jan. 2006 - April 2006	Module in Mindfulness Based Cognitive Therapy	20 hours	10 hours reflection and tutor led practice	Mr. First, Second Name	University of Elsewhere	Certificate of Completion - 2(b)3
July 13- 15, 2006	Compassion Focused Therapy - Clinical Skills	12 hours	09 hours	Prof. First, Second Name	Compassionate Mind Foundation	Certificate of Attendance - 2(b)4

**Criterion 2 (b)** to be completed if the CBT specialist course identified in **2 (a)** above does not meet the required total theoretical hours for accreditation (CONTD.)

All training, which includes criterion **2(a)** above, must reach a total of 500 theoretical hours. If the applicant has less than the agreed 500 theoretical please provide details of additional cognitive behavioural therapy courses/modules attended and details of curriculum and trainers. This should be provided by an accredited, recognised and named CBT practitioner.

Please enclose a copy of relevant certificates.

(Please get your training supervisor for the above course/modules to complete a supervisors report)

(CONTD. from previous page)

Dates (From - To)	Qualification	Hours Theory	Hours Skills Practice	Tutor / Lecturer / Facilitator	Awarding Body/ Institution	Evidence Labelled as
Nov. 16 - 27, 2006	CBT for Psychosis	40 hours	40 hours	Dr. First, Second Name Ms. First, Second Name	Training Partner Name	Certificate of Attendance - 2(b)5
<b>TOTAL HOURS</b>		91 hours	82 hours			

**Criterion 2 (b)** Give details of supervised cases during the above courses or modules

Date	Type of problem treated	Supervised hours	Was case written up	Name of Training Supervisor	Evidence Labelled as
13.1.2005	Anger Management with Anxiety	09	Yes	Mr. First, Second Name / Ms. First, Second Name	2(b) 6
					2(b) 7

**N.B. Please Note**

**CBT Training isn't complete until the applicant has treated 16 supervised cases and the applicant's total training hours was spread over a 4-year period.**

Provide totals hours for Theory and Skills from SECTION TWO so far.

SECTION	THEORETICAL HOURS (TH) Taught	SKILLS HOURS (SH) Taught
SECTION 2 a (ii)	199 (TH-1)	184 (SH-1)
SECTION 2 b	91 (TH-2)	82 (SH-2)
<b>Total of Theoretical (Taught) + Skills Hours (Taught)</b>	(TH-1) + (TH-2) = 290 hours	(SH-1) + (SH-2) = 266 hours
<b>GRAND TOTAL Hours of Sections: 2 a (ii) + 2 b</b>	(TH-1) + (TH-2) + (SH-1) + (SH-2) 290 + 266 = 556 hours	Must be at least 500 hours

SECTION	EVIDENCED PERSONAL / PSYCHOTHERAPEUTIC EXPERIENCE	
<b>TOTAL FROM SECTION 2 a (iii)</b>	251 hours	Must be at least 250 hours

SECTION	TOTAL	
<b>Supervised Clinical Practice Training hours SECTION 2 a (iv)</b>	2030 hours	Must be at least 450 hours
<b>Training Period Supervision Hours 2 a (iv)</b>	215 hours	Must be at least 200 hours

**CRITERION 3**

Please describe your current practice of cognitive behaviour psychotherapy

Current case load and types of problems treated	Source of Referral	Clinical Hours per Week
Currently employed as CNS in Elsewhere Mental Health Service. Working 0.5 CBT. A wide range of mental health presentations are managed - depression, anxiety disorders, panic disorder and psychosis.	Sector teams in Mental Health Service refer to the waiting list for group and individual CBT.	15 hours
Private Practice: Case load includes adolescents and adults presenting with low self-esteem, work related stress, trauma, mood disorder, anxiety disorder.	GPs, Consultants, Mental Health teams	12 hours

**CRITERION 4 (Current Supervisor's Report must accompany application)**

Describe your current supervision and support arrangements

(E.g. regular one-to-one or group supervision. Please state duration and frequency of meetings)

Date	INDIVIDUAL / GROUP	NAME OF SUPERVISOR	DURATION	FREQUENCY OF MEETING	CONTENT/MODE OF SUPERVISION
Aug. 31, 2004 to date	Individual	Mr. First, Second Name	1 to 1.5 Hours	Every 4 to 6 Weeks	Case Formulations, Case Discussion & Reviewing video excerpts. CTSR of session recording, case discussion and conceptualisation, skills practice. Please refer to 'Current Supervisor's Report' attached.

**CRITERION 5**

Please give details of your continuing professional development since qualification.  
 CBPI requires a evidence of CPD activities for a minimum of 50 hours per year post training

Date	Event-Topic-Speaker	Organisational body	Hours/CPD points
May 21, 2005	1 Day Motivational Interviewing - "Changing Health Behaviour". Principles & Practice of MI. Mr First, Second Name (IACP, MINT)	HSE	8 hours
June 17/18, 2005	2 Day Motivational Interviewing -Skills for Practice. Mr First, Second Name (IACP, MINT).	HSE	16 hours
June 27/28 2005	Mindfulness Meditation.	Psychological Society of Somewhere	16 hours
Sept. 18, 2005	'Introduction to Research Applied to CBT' Mr. First, Second Name	Cognitive Therapy Centre.	8 hours
<b>TOTAL CPD (2005)</b>			<b>48 hours</b>
Repeat for every year. Mention Total for <b>every year</b> since completing specialist training in CBT			

## CRITERION 6

**This criterion refers to a reference given by a professional referee who can account for your current professional practice. You must provide a Professional Reference from professional person who knows about your current practice over the past two years. The person you select as referee must be a different person from your clinical supervisor (e.g. Line Manager, Clinical Lead, Head of Service or a regular referring agent etc.) and one who can account for your professional practice.**

Please give details about your referee. Please state how this individual is familiar with your full professional history.

I have included two Professional References from two referees.

The first is from Ms. First, Second Name, CNM II and CBT therapist in Elsewhere Mental Health Service. She is my Line Manager and oversees the CBT Service; allocates CBT referrals received and manages the case load. As manager she is in regular contact with the psychiatrists who refer the cases. gets feedback from them and service users on my practice. She has access to my notes and treatment plans on the service users.

The second is from Dr. First, Second Name - GP, who is familiar with my practice as a CBT trainee on clinical placement & later as an intern accumulating clinically supervised hours since 2004 to present.

## 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 checked="" type="checkbox"/>
2. Have you been found guilty of a civil offence?	Yes <input type="checkbox"/> No <input checked="" 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 checked="" 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 checked="" type="checkbox"/>
5. Have you ever initiated a formal complaint or made an allegation against an agency, professional body or registered voluntary organisation ?	Yes <input type="checkbox"/> No <input checked="" 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 checked="" 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 have you participated in remediation measures to address identified concerns emerging from event/s, complaint/s, adverse reporting/s in the duty or provision of care as a member of a professional body or institution.	Yes <input type="checkbox"/> No <input checked="" 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, [insert your name here], am one and the same person as the applicant in the photograph I have provided as part of this Form of Application for accreditation with Cognitive Behavioural Psychotherapy, Ireland. The photograph represents a true current likeness of me the declarant.

I confirm I have read and understood the CBPI criteria and guidance notes before making this application. I accept the application screening fee and/or processing fee is not refundable. As an applicant seeking accreditation and membership, 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 I shall be disqualified as a candidate; 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 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 for 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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UNCONTROLLED VERSION WHEN PRINTED OR SAVED LOCALLY the electronic version on the website is the only version that is maintained

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CHECKLIST FOR ACCREDITATION/FULL MEMBER		Please submit documentation to
Description	Tick	
Completed application (ALL SECTIONS)		<p style="text-align: center;">(by <b>Ordinary Post</b>)</p> Cognitive Behavioural Psychotherapy IRL. CBPI 2, Winton House (The Lighthouse Clinic) Miltonsfields Dublin Road Swords Co. Dublin K67 KW54
CBPI - Certificate of Identity		
Supervisor's Report (current)		
Supervisor's Report(s) (Training)		
Academic Course Transcripts/Handbook		
CV of qualifications of Tutors and Supervision staff of CBT course		
CBT Student/ Trainee Professional Log		
Referee's Report		
Copy of Certificates		
Proof of Professional Liability Insurance (if you engage in providing CBT-related professional services in private capacity)		
Full Accreditation application non-refundable Screening Fee €50 (Cheque/ Postal Order/ Bank Draft payable to CBPI)		
Any other documentation relevant to application		

**Fee payment after being approved for Full Accreditation:**

- 1) Full Accreditation application Processing Fee of €100 and
- 2) current Annual Membership Fee €200 (CBPI €100 + ICP National Register Fee €100)