

## 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 or Supervisor reaccréditation with CBPI requirements. 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 evidence/ 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was not available at the time of approval, an offer of reaccréditation may be amended or, in exceptional circumstances, withdrawn.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/ Postal Order/ 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 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.** Evidence of maintaining accreditation with CBPI-CLG and/or with a regulated health profession in the past seven (7) years, and have no history of participation in (profession-related) remediation measures to address identified concerns emerging from event/s, complaint/s, adverse reporting/s in the duty or provision of care.
- 6.** Have ongoing CBT-specific supervision with a supervisor having CBT knowledge and experience.
- 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.

## REQUIREMENTS FOR RETENTION OF SUPERVISOR ACCREDITATION (SUPERVISOR REACCREDITATION)

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 properly completed reaccreditation application with the supporting documentation **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 (E.g. CBPI Accredited Clinical Supervisor etc.) must be renewed at the same time of seeking reaccreditation/revalidation by meeting CBPI requirements. **All categories of accredited status are defunct and void if full membership status of CBPI-CLG is not maintained.**
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 full scope of private practice (paid or voluntary, full or part time, consultancy, training, clinical supervision, research, authoring etc.)
  - inform employer(s), service users and professional indemnity provider(s) of any change in their registration status and if registration becomes lapsed in excess of twelve months after it became due.
9. Clinical Supervision taken after Training Completion and achieving CBPI Full Accreditation **must be**
  - CBT specific and
  - Clinical Supervisor must be practicing sufficient CBT (patient/client) hours
10. As a CBPI Practitioner where you become aware that an adverse event, finding(s), or misstatement(s) of material fact in the duty of care has occurred to a service user(s) or employer(s) and they have not been informed, you **must act** by reporting in writing the matter to an appropriate person and request the open disclosure policy be implemented. Proof of evidence of the incident(s) must accompany the renewal application.
11. If you engage in providing Private CBT-related Professional Services (paid or voluntary, full or part time capacity) even if you consider the intimation of a claim or criticism to be unjustified, it **does not remove your obligation** to notify your professional indemnity Insurer(s). The fact that you have become aware of such an occurrence triggers the notification provision of your professional indemnity policy.

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

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

**CBPI Full Accreditation details**

**All applicants must answer each of the questions below**

Regardless of the questions you check as YES/ NO, it remains the applicant's responsibility to provide the detail and evidence. 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.

**Please confirm that you have been awarded Full Accreditation and/or Re-Accreditation (whichever 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"/>
--	------------------------------	-----------------------------

For the past seven (7) years of my clinical practice, I maintained my accreditation status with CBPI-CLG and/or with a regulated health profession. During the seven(7) year period 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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	------------------------------	-----------------------------

**PART - A**

<b>PRIVATE PRACTICE PRACTITIONERS ANSWER <u>ONLY</u> IF YOU ENGAGE IN PRIVATE PRACTICE</b>		
1. Do you engage in providing CBT-related professional services or as a CBT practitioner in any privately made arrangement (paid or voluntary, full or part-time, practice, consultancy, training, authoring, research, clinical supervision etc.) ?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
2. If you have answered YES to working in private capacity  <b>Professional Liability Insurance Policy - Changes of Circumstances Notification (IF APPLICABLE):</b> Should there be any facts or material information, awareness of any change of circumstances on my full scope of practice and/or affecting my accreditation status with CBPI-CLG in the past seven (7) years since my first, full registration period 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(s) and public liability obligation to my service user(s), supervisee(s) and employer(s).	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

<b>(IF APPLICABLE)</b> I include Proof of Evidence from (i) employer(s), (ii) service users and (iii) Professional Liability Insurance provider(s) that I notified them of the Changes of Circumstances. I provide proof of evidence I am indemnified for the Full Scope of my practice for period practising without CBPI accreditation.	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <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,

- currently practicing CBT using the CBT case-formulation approach and receiving clinical supervision.
- at least 50% of your psychotherapeutic practice must be CBT.
- the minimum caseload for maintaining Accreditation is one client user/ patient contact per week delivered using the CBT case-formulation approach, totalling to forty eight client contacts per year. This does not include clinical supervision, consultancy, training, authoring, research etc.

**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.

## 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 or made an allegation with an agency, professional body, registered voluntary organisation or CBPI-CLG?	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 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, 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**

**PART - A**

**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 confirm I have read and understood the CBPI criteria, requirements for seeking (or to retain) 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.**

**As the applicant seeking (or retain) this category status 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 this category 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:**

**Signature:**

**Date:**

---

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

---

Enclosures	Tick	
<b>Reaccreditation of Supervisor status</b>		<b>Please submit documentation to</b>
Current Clinical Supervisor's Report		<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
Supervision of Supervision Report		
CPD Log		
Processing Fee €80 (Cheque/ Postal Order/ Bank Draft payable to CBPI)		
Proof of Professional Liability Insurance (if you engage in providing CBT-related professional services in private capacity)		
<b>Additional information requested from First-time applicants For Accredited Clinical Supervisor status:</b>		
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"/>
--	------------------------------	-----------------------------

**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 =
---	-------------------

**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 =
--	-------------------

**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"/>
--	------------------------------	-----------------------------