

**AN APPLICATION TO RENEW VALIDITY OF THE COGNITIVE-BEHAVIOURAL
THERAPIST CERTIFICATE**

To be completed by CTPB

Application received (date):

Payment made (payment amount, date of payment):

Personal data of the applicant for the renewal of the certificate's validity:

The first and the last name	
Date of birth	
Mailing address	
E-mail	
Phone number	
Billing data	
Date and place of obtaining higher education diploma (school, university department)	
Date and number of the Cognitive-Behavioral Therapist Certificate (by whom, year, period)	
Other certificates or membership in profession related organizations (name of the organization, certificate number, date of issue of the certificate)	

Name and surname of the applicant for the certificate's validity renewal: _____

Systematic clinical work in the period of five years since the Cognitive-Behavioural Therapist Certificate was granted

THE FIRST YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

Work period (from month/year – to month/year)	
The position and functions	
The place and specifics of employment (number of hours, numbers of days weekly)	
The name of the superior (e.g. clinical Manager)	
A group of patients and the type of clinical problems	
The number of hours of CBT psychotherapy per week	
The number of supervision hours	

THE SECOND YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

Work period (from month/year – to month/year)	
The position and functions	
The place and specifics of employment (number of hours, numbers of days weekly)	
The name of the superior (e.g. clinical Manager)	
A group of patients and the type of clinical problems	
The number of hours of CBT psychotherapy per week	
The number of supervision hours	

THE THIRD YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

Work period (from month/year – to month/year)	
The position and functions	
The place and specifics of employment (number of hours, numbers of days weekly)	
The name of the superior (e.g. clinical Manager)	
A group of patients and the type of clinical problems	
The number of hours of CBT psychotherapy per week	
The number of supervision hours	

THE FOURTH YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

Work period (from month/year – to month/year)	
The position and functions	
The place and specifics of employment (number of hours, numbers of days weekly)	
The name of the superior (e.g. clinical Manager)	
A group of patients and the type of clinical problems	
The number of hours of CBT psychotherapy per week	
The number of supervision hours	

THE FIFTH YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

Work period (from month/year – to month/year)	
The position and functions	
The place and specifics of employment (number of hours, numbers of days weekly)	
The name of the superior (e.g. clinical Manager)	
A group of patients and the type of clinical problems	
The number of hours of CBT psychotherapy per week	
The number of supervision hours	

Name and surname of the applicant for the certificate's validity renewal: _____

Continuous professional development – attendance at conferences, seminars, workshops, clinical trials, didactic activity, etc. in the period of five years since the Cognitive-Behavioural Therapist Certificate was granted

THE FIRST YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

Date	
Title of the workshop, conference, lecture	
Presenter of the workshop, conference, lecture (name and surname)	
Institution organizing the workshop, conference, lecture	
Number of theory hours	
Number of practice hours	
Attach copy of certification of attendance (certificate)	
Participation in trials, conducting research in CBT	
Didactic activity	

THE SECOND YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

Datae	
Title of the workshop, conference, lecture	
Presenter of the workshop, conference, lecture (name and surname)	
Institution organizing the workshop, conference, lecture	
Number of theory hours	
Number of practice hours	
Attach copy of certification of attendance (certificate)	
Participation in trials, conducting research in CBT	
Didactic activity	

THE THIRD YEAR (FROM _____ / _____ TO _____ / _____)

MONTH

YEAR

MONTH

YEAR

Date	
Title of the workshop, conference, lecture	
Presenter of the workshop, conference, lecture (name and surname)	
Institution organizing the workshop, conference, lecture	
Number of theory hours	
Number of practice hours	
Attach copy of certification of attendance (certificate)	
Participation in trials, conducting research in CBT	
Didactic activity	

THE FOURTH YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

Date	
Title of the workshop, conference, lecture	
Presenter of the workshop, conference, lecture (name and surname)	
Institution organizing the workshop, conference, lecture	
Number of theory hours	
Number of practice hours	
Attach copy of certification of attendance (certificate)	
Participation in trials, conducting research in CBT	
Didactic activity	

THE FIFTH YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

Date	
Title of the workshop, conference, lecture	
Presenter of the workshop, conference, lecture (name and surname)	
Institution organizing the workshop, conference, lecture	
Number of theory hours	
Number of practice hours	
Attach copy of certification of attendance (certificate)	
Participation in trials, conducting research in CBT	
Didactic activity	

Name and surname of the applicant for the certificate's validity renewal: _____

Supervision of the clinical work

SECTION A

COGNITIVE-BEHAVIOURAL THERAPY SUPERVISOR'S RECOMENDATIONS

(to be completed by the supervisor giving recommendations)

The supervisor's opinion on work attitude, skills and knowledge of the therapist applying for the Cognitive-behavioural therapist certificate's validity renewal is one of the key elements deciding on renewing the certificate. The opinion received should be discussed with the therapist.

Supervisor's name and surname	
Cognitive-Behavioural supervisor certificate (date of issue, issued by whom, validity period)	
The number of years of clinical work in cognitive-behavioural therapy starting from the first certificate was granted (more than 7 years)	
Email	
Phone number	
Mailing address	
Place of work	

Information on course of supervision

Supervision carried out from (month/year) to (month/year)	
The number of attended supervision	
The number of cases under supervision	
Time of supervision	
Form of supervision (individual, group – the number of people in a group)	
A written recommendation including information on therapeutic relationship, respecting the Set of Ethical Principles of Cognitive-Behavioural Therapist, skills and CBT knowledge and other information	

SECTION B
SUPERVISION REPORT CARD

(to complete by the therapist applying for renewal of validity of Cognitive-Behavioural Therapist Certificate)

THE FIRST YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

From month /year - to month / year	
Individual /group supervision	
Number of participants in the group	
Time of supervision	
Presented problem	
Method of both presentation and supervision (verbal report , audio, video, case conceptualisation attached, assessment on CBT scale, phone sv, skype etc.)	
A total number of supervision hours	
Supervisor's signature	

THE SECOND YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

From month /year - to month / year	
Individual /group supervision	
Number of participants in the group	
Time of supervision	
Presented problem	

Method of both presentation and supervision (verbal report , audio, video, case conceptualisation attached, assessment on CBT scale, phone sv, skype etc.)	
A total number of supervision hours	
Supervisor's signature	

THE THIRD YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

From month /year - to month / year	
Individual /group supervision	
Number of participants in the group	
Time of supervision	
Presented problem	
Method of both presentation and supervision (verbal report , audio, video, case conceptualisation attached, assessment on CBT scale, phone sv, skype etc.)	
A total number of supervision hours	
Supervisor's signature	

THE FOURTH YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

From month /year - to month / year	
Individual /group supervision	
Number of participants in the group	
Time of supervision	

Presented problem	
Method of both presentation and supervision (verbal report , audio, video, case conceptualisation attached, assessment on CBT scale, phone sv, skype etc.)	
A total number of supervision hours	
Supervisor's signature	

THE FIFTH YEAR (FROM _____ / _____ TO _____ / _____)
MONTH YEAR MONTH YEAR

From month /year - to month / year	
Individual /group supervision	
Number of participants in the group	
Time of supervision	
Presented problem	
Method of both presentation and supervision (verbal report , audio, video, case conceptualisation attached, assessment on CBT scale, phone sv, skype etc.)	
A total number of supervision hours	
Supervisor's signature	

Attachment 4
To the application to renew validity of the Cognitive-Behavioural therapist certificate

Name and surname of the applicant for the certificate's validity renewal: _____

STATEMENT

ofacknowledgement and commitment to comply with the Set of Ethical Principles of Cognitive-Behavioural Therapy CTPB

I hereby declare that I've acquainted with the the Set of Ethical Principles of Cognitive-Behavioural Therapy CTPB and Icommit to comply with it in my professional activity.

I declare that there are no legal nor ethical objections that would prohibit me from pursuing my profession accordingly to described standards.

Name and surname

Date

Signature