

Cognitive-Behavioural TherapyCentre



Application for Cognitive Behavioural SupervisorCertificate

Fills CTPB

The request was received (date):

Fee paid (the amount, when):

Applicant's data for Cognitive-Behavioural SupervisorCertificate

First and last name	
Date of birth	
Mailing address	
Email	
Phone number	
To issue an account	
Date and place of the diploma (University, Department of)	
Date and number of Cognitive-Behavioral Psychotherapist Certificate (by whom, in what year, what period)	
Certificates or other membership in profession related organizations (organization name, number, date of issue of the certificate)	

Attachments:

1. Systematic clinical work for a period of 5 years from the moment of receiving the Cognitive-Behavioral Supervisor Certificate

First year

Work period (from month/year-to month/year)	
The position and performed functions	
Place of work, working in a dimension (hours, days of the week)	
The name of the superior (e.g. clinical Manager)	
A group of patients and the type of clinical problems	
The number of hours of psychotherapy in TPB in a week	
The number of hours of supervision	

Second year

Work period (from month/year-to month/year)	
The position and performed functions	
Place of work, working in a dimension (hours, days of the week)	
The name of the superior (e.g. clinical Manager)	
A group of patients and the type of clinical problems	
The number of hours of psychotherapy in TPB in a	

week	
The number of hours of supervision	

Third year

Work period (from month/year-to month/year)	
The position and performed functions	
Place of work, working in a dimension (hours, days of the week)	
The name of the superior (e.g. clinical Manager)	
A group of patients and the type of clinical problems	
The number of hours of psychotherapy in TPB in a week	
The number of hours of supervision	

Fourth year

Work period (from month/year-to month/year)	
The position and performed functions	
Place of work, working in a dimension (hours, days of the week)	
The name of the superior (e.g. clinical Manager)	

A group of patients and the type of clinical problems	
The number of hours of psychotherapy in TPB in a week	
The number of hours of supervision	

Fifth year

Work period (from month/year-to month/year)	
The position and performed functions	
Place of work, working in a dimension (hours, days of the week)	
The name of the superior (e.g. clinical Manager)	
A group of patients and the type of clinical problems	
The number of hours of psychotherapy in TPB in a week	
The number of hours of supervision	

2. Continuing professional development-participation in conferences, seminars, workshops, clinical trials for a period of 5 years from the moment of receiving the Cognitive-Behavioral Supervisor Certificate

First year

Date	
Workshop, Conference, Seminar	
Led by (first name, last name)	
The institution which organized the event	
Number of hours of theory	
Number of hours of practical skills	
Attach a photocopy of participation proof (certificate)	
Participation in research, conducting research in TPB	

Second year

Date	
Workshop, Conference, Seminar	
Led by (first name, last name)	
The institution which organized the event	
Number of hours of theory	

Number of hours of practical skills	
Attach a photocopy of participation proof (certificate)	
Participation in research, conducting research in TPB	

Third year

Date	
Workshop, Conference, Seminar	
Led by (first name, last name)	
The institution which organized the event	
Number of hours of theory	
Number of hours of practical skills	
Attach a photocopy of participation proof (certificate)	
Participation in research, conducting research in TPB	

Fourth year

Date	
Workshop, Conference, Seminar	

Led by (first name, last name)	
The institution which organized the event	
Number of hours of theory	
Number of hours of practical skills	
Attach a photocopy of participation proof (certificate)	
Participation in research, conducting research in TPB	

Fifth year

Date	
Workshop, Conference, Seminar	
Led by (first name, last name)	
The institution which organized the event	
Number of hours of theory	
Number of hours of practical skills	
Attach a photocopy of participation proof (certificate)	
Participation in research, conducting research in TPB	

3.A statement of commitment to respect theCTPB code of ethics of Cognitive Behavioural

Hereby I certify that I have read the CTPB code of Ethics of Cognitive-Behavioral Psychotherapist and undertake to respect its principles in my professional activities. I declare that there are no legal or ethical barriers that prevent to carry out my profession in accordance with the designated standards.

Name Date

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Signature

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