



ISST Application Form for Certification (standard/advanced)

Name and Credentials: _____

Email Address: _____

Country: _____

Licensed as Psychotherapist: _____ (yes) _____ (no)

Type of License and Number: _____

Date of License (date of renewal / expiration): _____

With my signature below, I state that I am currently licensed to practice psychotherapy according to the statutes of the ISST and the bi-laws of my country's clinical governing boards.

Signature

Date

I am an active member of the ISST since: ___ / ___ (month/year joined ISST).
I understand that I must become a member of ISST and pay annual membership dues to be recognized as an ISST certified schema therapist.

Membership Number: _____

I am applying for **advanced certification** _____

I am applying for **standard certification** _____

TRAINING

Workshop Name	Subject(s) covered*	Hours *** Specify:	Number of participants	Trainers**
		Didactic:		
		Role-play:		
		Didactic:		
		Role-play:		
		Didactic:		
		Role-play:		
		Didactic:		
		Role-play:		
		Didactic:		
		Role-play:		
		Didactic:		
		Role-play:		

In case of an application by individual studies you must include/attach a certificate of completion for each seminar or module, signed by the trainer. If you enrolled in a full training program, the signature of the training director is sufficient to state your participation.

Year of ISST recognition of the Training program:

Signature training director: _____ Date: _____

**Please describe which modules out of the list of possible subjects/modules will be covered (for explanation see 2010 ISST Minimum Certification Training Requirements . Please use the numbers and language that are used in this list).*

***Please be reminded that all trainers and supervisors must have advanced level certification and must have completed the "Trainers/Supervisors Seminar*

**** Please be aware: Only 6 hours-of the didactic part of the curriculum may consist of didactics/lectures for an audience of more than 40 participants.*

*****For the dyadic/practice/role-plays part of the curriculum: The maximum is 20 participants if there is one trainer. For more participants use more trainers.*

Total number of hours completed:

Didactic Hours (min. 25 hours): _____

Supervised Role-playing / Dyadic Practice (min. 15 Hours): _____

SUPERVISION

20 Hours of supervision required for Standard Certification
40 Hours of supervision required for Advanced Certification

There is a maximum of 3-years to fulfill the supervision requirement and tape rating(s), once training is completed. Exceptions for special circumstances, i.e., health, financial, family crises, etc., that require extensions on supervision time, will have to be authorized by the ISST Training Coordinator (in advance, whenever possible).

Total number of hours of supervision completed: _____

From: (Month/Year) _____ / _____ TO: (Month/Year)

Name of Supervisor(s) and supervision hours (individual/group minutes):

- *Supervisors must be approved, advanced-certified, and registered with ISST.*
- *The supervisor is required to send a brief letter of confirmation (by mail or by post), of the supervision hours and the number of patients that were being treated during supervision, to the training coordinator of the ISST-Board.*

TREATMENT HOURS AND NUMBER OF CASES

Total amount of treatment hours/diagnoses:

Standard certification - at least 2 cases of minimum 25 sessions and 80 sessions in total (one case BPD, and one other patient with mode work)

Advanced certification — tit least 4 cases of minimum 25 sessions and 160 sessions in total (one case BPD and one other patient with mode work)

Patients Initials	Number of sessions	Diagnosis (es)

COMPETENCY RATING SCALE

Name of rater(s)	Rating Score	Date of rating	Diagnosis

- *The rater(s) must be an independent supervisor, and must send confirmation of the score, along with the summary sheet from the STCRS form, (by mail or post) to the training coordinator of the ISST Board. The tape must show a whole therapy session.*
 - *Standard Certification: 1 audio or video taped session must be rated, with a minimum STCRS score of 4.0*
 - *Advanced Certification: 2 audio or video taped sessions of 2 (different) patients must be rated by two different raters with a minimum STCRS score of 4.5 for each one. One patient must have a severe PD like BPD, NPD or APD, the other patient must have a PD too, favorable a Cluster-C PD.*
 - *A case conceptualization form must accompany each session, along with a brief summary of the session that the rater is going to listen to or view.*
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Signature:

Date:
