



CPD - PSYCH

serving the region of the levantine sea

APPLICATION FORM

Individual Certification in Schema Therapy

Please put an X in the box you're applying for :

☐

Lebanon Training

☐

Cyprus Training

Name: _____

Today's date: _____

Gender: _____

Age: _____

Date of Birth: (dd/mm/yyyy) _____

Nationality: _____

Current Institution / Organization & Title (if any): _____

Work Address:

City | State | Postal Code: _____

Country: _____

Work Telephone: _____ Work Email: _____



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Home Address:

City | State | Postal Code: _____

Country: _____

Home Telephone: _____ Mobile Phone: _____

Primary Email: _____

Education & Work Experience

Highest Degree / Year Earned / Field: _____

Please explain the degree(s) you have obtained (include School / University name, city and town) and the exact field of study. (Please explain how many years of study are involved, and if not in the British / American system, whether your degree is closest to a Bachelor's, Master's, or Doctorate degree.)

Describe your Internship, Practicum Work, or Residency (including name and location of Institutions):

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Describe any Postdoctoral Training:

Licensure / Certification, (if required in your country):

List previous workshops and training in Schema Therapy, if any (include approximate dates, locations, hours, and instructors; add additional page if necessary):

List previous workshops and training in Schema Therapy, if any (include approximate dates, locations, hours, and instructors; add additional page if necessary):

_____ Direct patient contact	_____ Supervise other therapists
_____ Administration	_____ Other activities:
_____ Research	_____

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Main work setting / organization: _____

Current Position / Title: _____

I currently work with:

(Rate each category on a scale from 0-3 as follows: 0=not at all, 1 = occasionally, 2 = frequently, 3 = almost always)

_____ Inpatients	_____ Children
_____ Outpatients	_____ Adolescents
_____ Partial hospital patients	_____ Adults
_____ Geriatrics	_____ Individuals
_____ Criminal offenders	_____ Couples
_____ Families	_____ Groups
_____ Other (please specify): _____	

You may add additional pages if necessary to answer the following questions:

1. Please elaborate on your current professional work, including training, research, administrative and clinical activities.

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2. Please elaborate on the nature and amount of clinical training in Schema Therapy you have already received

3. Please describe your current psychotherapy orientation in detail, including the types of patients you work with.

4. Please elaborate on your general clinical training and previous clinical experience.

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5. After completing the Institute training program, what kinds of professional activities do you expect to participate in related to schema therapy? (Please provide as much detail as possible).

6. To be a candidate for the training program, you must be sufficiently fluent in English to participate in the workshops, to understand master therapy sessions on DVD's conducted in English, and to read schema therapy materials in English.

If you plan on obtaining certification, you also need to be sufficiently fluent to have individual case supervision sessions in English, and, if possible, to submit patient session recordings conducted in English. If this is not possible, we will try to find a certified rater who is fluent in your native language, but the tape rating costs could be higher.

Please answer the following:

- a. I can submit audio or video recordings of actual patient sessions conducted in English:

1. Yes _____ 2. No _____ 3. Uncertain _____

- b. I can submit audio or video recordings of actual patient sessions in the following language(s) other than English:

1. _____ 2. _____ 3. _____

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7. Which training program components are you applying for this year?

- a. Complete Advanced Certification Program _____
- b. Complete Standard Certification Program _____

I am not applying for the Complete Programs now. I am applying for the components checked below:

- c. Individual Workshops as stand alone components of 3 _____

8. If you are not applying for one of the Complete Programs, please explain whether you plan to obtain additional training in Schema Therapy or Certification in the future?

[illegible]

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9. Is there any additional information about you that would be helpful to us in evaluating your application?

10. **Clinical Reference:**

Name: _____

Position: _____

Phone: _____

Email: _____

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Required:

Please put an X in the boxes below, and add your name and date on the line indicated.

For applications, if scanning, please sign and date and email back. If emailing directly, please type your name and date and use an electronic signature.

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I understand that space is limited and the workshop is only financially feasible based on the guarantee of a required minimal number of accepted candidates. Therefore I understand, once my application is accepted and monies have been paid, there will only be a 14 day refund period, after which, no refund is possible.
(see website terms and conditions).

☐

I understand that if I am unable to attend the 'full program' I may be able to makeup 'missed time', providing there is space available in future programs. I am also aware that if space is not available, or the program is not being offered in a future calendar year, there may be the risk that I will need to pay to attend another ISST approved program to fulfill the obligations of the curriculum requirements (that I missed) in order to achieve certification.

By placing an X in the boxes above - and by typing or signing my name and the date on the lines below - I am accepting these terms as legally binding.

Type or Sign Your Name

Today's Date

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Please send your completed application by email (as a Word attachment).

Contact information:

Email: info@cpd-psych.com

For more information about Schema Therapy, please visit the website:

<http://www.schematherapysociety.org>