



American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy

1629 K Street NW, Suite 300 - Washington, DC 20006 - abe@psychodramacertification.org - www.psychodramacertification.org

CP APPLICATION FORM

PART I: IDENTIFICATIONS

APPLICANT:

Name _____ Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (O) _____ Email _____

PRIMARY TRAINER:

Name _____

SECONDARY TRAINER:

Name _____

THIRD PROFESSIONAL ENDORSER:

Name _____ Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (O) _____ Email _____

Applicants must provide references from one primary trainer, who is a Board Certified Trainer, Educator, Practitioner in Psychodrama, Sociometry and Group Psychotherapy (TEP), a secondary TEP, and one other Professional in the applicant’s area of practice familiar with the applicant’s work. The secondary TEP and Other Professional must have observed the applicant on more than one separate occasion directing sessions which reveal the skills and knowledge relevant to the practice of psychodrama, sociometry and group psychotherapy. Give the appropriate Reference Form to these individuals and direct them to return them to the Board under separate cover. Students in training may not endorse applicants for certification; an applicant may not endorse another applicant. The Board of Examiners reserves the right to validate all endorsements.

PART II: STATE LICENSES (If Applicable)

If you are licensed or certified as a master’s level mental health professional by a state, complete this section. Please attach a photo copy of your current license.

Licensed as _____ License # _____ Dated _____

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PART III: EDUCATION

UNDERGRADUATE DEGREE:

Name of University _____ Location _____

Dates Attended _____ Degree _____ Fields of Study _____

GRADUATE DEGREE:

Name of University _____ Location _____

Dates Attended _____ Degree _____ Fields of Study _____

GRADUATE DEGREE:

Name of University _____ Location _____

Dates Attended _____ Degree _____ Fields of Study _____

If you are a licensed master’s level mental health professional you are not required to submit any transcripts. If you are not a licensed master’s level mental health professional, submit relevant official graduate transcripts.

PART IV: TRAINING IN PSYCHODRAMA, SOCIOMETRY AND GROUP PSYCHOTHERAPY

Attach a listing of training that you received from certified Trainers, Educators and Practitioners (TEPs) and Practitioner Applicants for Trainer (PATs). Organize your training beginning with your primary trainer. List dates and hours of training received and provide a total for your primary trainer. Next list the dates and hours and total obtained from your secondary trainer. Then list all other TEPs in alphabetical order with dates and hours of and total training hours provided by each TEP. Finally list PATs in alphabetical order again providing dates, hours and total hours for each PAT. Training hours never expire. Do not submit training certificates, tabella’s or other certificates of attendance. Your primary trainer is responsible for verifying the authenticity of all training hours.

On a separate paper, document each Distance Learning Module. Include name(s) of trainer(s), number of training hours received, dates enrolled in the module, title of the module, and a sentence or two on the areas covered by the module.

- Number of Hours Obtained from the Primary Trainer: _____
- Number of Hours Obtained from the Secondary Trainer: _____
- Number of Hours Obtained from All Other TEPs: _____
- Number of Hours Obtained from PATs (maximum 160 Hours): _____
- Licensed Master's Level Mental Health Professionals or those who are Certified or Registered in the following: ATR, DTR, MT-BC, or RDT (100 Hours Credit): _____
- Hours Obtained From AGPA, ASGPP, or NADTA local, regional, and national meetings from presenters who are neither TEPs nor PATs (maximum 100 Hours Credit): _____
- Distance Learning - provided by TEPs (maximum 120 hours) _____

GRAND TOTAL:

PART V: SUPERVISED EXPERIENCE

Each applicant must complete a supervised year of experience applying the theory and methods of psychodrama, sociometry and group psychotherapy. The supervised experience practicum must be current and can not be more than four years from the date of application for certification. The applicant must direct a minimum of 80 sessions (i.e. Individual, Couples, Family & Groups). A majority of these sessions (40) must be group sessions. The applicant must obtain a minimum of 40 supervision sessions (each a minimum of 50 minutes) for these sessions (a ratio of one supervision session for every two directed sessions). A minimum of 1/2 of these supervision sessions must be provided by a TEP. Supervision sessions provided by Non-TEPs must be approved in advance by the primary trainer.

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PART V: SUPERVISED EXPERIENCE (continued)

Attach a description of your supervised experience. Describe each service (e.g. an on-going client, or an on-going group) or single session (a one time event). One paragraph is sufficient information for each service. For each service provide the following information:

- Date(s) of Service
- Type of Service (e.g., individual, couple, family or group)
- Population Served
- Goals & Objectives for your work with this population, including expected outcomes
- Evaluation Measures employed to determine outcomes
- Specific psychodramatic, sociometric and other experiential methodologies (i.e., assessment and interventions) used in your work with this population. Describe how these methodologies relate to the goals and objectives of the service.

A. SUPERVISION SUMMARY

Date that Applicant Completed initial 80 hours of training (month/year) _____

SUPERVISOR'S NAME & DEGREE	Psychodrama Sessions (see 1)	Supervisions Sessions (see 2)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS:		

Each supervisor who provided more than ten sessions of supervision must submit a Verification of Supervised Experience form.

1. Number of Psychodrama Sessions (Individual, Couples, Family & Group) that the applicant directed under the supervision of this supervisor. The total must be at least 80.
2. Number of Supervision Sessions (each a minimum of 50 minutes) provided by this Supervisor. The total must be at least 40.

PART VI: OTHER PROFESSIONAL ACHIEVEMENTS

Attach a copy of your resumé or curriculum vitae. List on separate sheets:

- (1) Achievements, Honors and Awards, Publications Unpublished Research, and Membership in Professional Societies.
- (2) Certifications and Licenses earned.
- (3) Participation in and Presentations at professional meeting and conferences.
- (4) Activities undertaken to support the psychodrama community.

I have carefully read and reviewed this CP Application Form and all supporting documents and attest to the accuracy of these documents. I also understand it is my responsibility to mail the CP Application and the supporting documents directly to the Board. Furthermore, I recommend this applicant for practitioner certification, and believe the applicant is ready to pass both the written and on-site examinations.

SIGNATURE OF PRIMARY TRAINER (CERTIFIED TEP)

DATE

SIGNATURE OF APPLICANT

DATE

ALL APPLICATION MATERIALS MUST BE RECEIVED IN OUR OFFICE BY JULY 15th