

International Integrative Psychotherapy Association

-IIPA-

www.integrativeassociation.com



APPLICATION FORMS FOR:

CIIP & CIIC

CIPTS & CIPTS

**COMMISSION FOR STANDARDS
AND CERTIFICATION**

-CSC-

4. DOCUMENTATION: **APPLICATION FORMS FOR:** **CIIP & CIIC / CIPTS & CIPTS**

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A.- Recognition for Prior Learning Route

A-4.1 Applicant's Background Documentation

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Name:

Address:

(PLEASE USE ADDITIONAL SHEETS AS REQUIRED)

Academic Education & Qualifications: (include degrees & dates)

Licensing; Registration; Accreditation & Certifications: (please provide copies)

Have Ethical Complaints or Legal Charges ever been brought against you?

Yes No

If "Yes" please give dates, explanation and outcome below)

A-4.1 Applicant's Background Documentation

(Page 2 of 4)

Have you ever had a professional licence revoked?

Yes No

(If "Yes" please give dates and explanation below)

Have you ever had professional liability insurance revoked or denied?

Yes No

(If "Yes" please give dates and explanation below)

Do you have a medical condition that would incapacitate you in providing psychotherapy, supervision or training in a professional manner?

Yes No

(If "Yes" please give dates and explanation below)

Do you have a substance abuse problem that may prevent you from providing psychotherapy, supervision or training in a professional manner?

Yes No

(If "Yes" please give dates and explanation below)

A-4.1 Applicant's Background Documentation

(Page 3 of 4)

Clinical Training (include dates; locations)

Please indicate if training provided was Integrative Psychotherapy

Supervised Clinical Experience: (Please provide name(s) of supervisor(s); dates; location;

Please indicate if supervisor(s) are/were certified Integrative Psychotherapist.

(Do not include one-day or weekend workshops)

Clinical Experience as a Supervisor: (Please provide dates; locations)

Please indicate if your experience has been gained providing supervision from an Integrative Psychotherapy perspective.

Teaching Experience: (Please provide dates; locations)

Please indicate if the teaching you provided was Integrative Psychotherapy

A-4.1 Applicant's Background Documentation

(Page 4 of 4)

Publications: (Please provide details below)

I certify that to the best of my knowledge, the information provided in this document is true and accurate

Signed: _____

Date: _____

A-4.2 Acceptance of IIPA Ethical Standards

I, _____ (print name) have read, and
commit myself to adhere to, the IIPA Code of Ethics.

If I believe that the IIPA Code of Ethics violates the code of conduct for psychotherapists or counsellors established in my particular country and its laws, or the licensing; registration or accreditation boards of my profession, I will contact the IIPA Ethics Committee to address any discrepancies or concerns.

Signature: _____

Date: _____

A-4.3 Application Form – Recognition of Prior Learning Status

Name:

Address:

Telephone (Home):

Telephone (Business):

E-mail:

I am applying for Recognition of Prior Learning Status in IIPA as: (please check to all that apply):

- Certified International Integrative Psychotherapist (CIIP).
- Certified International Integrative Counsellor (CIIC).
- Certified International Integrative Psychotherapy Trainer and Supervisor (CIPTS).
- Certified International Integrative Counselling Trainer and Supervisor (CICTS) .

Please provide the following documentation with this application:

- Applicant Background Documentation (Form A-4.1)
- Acceptance of IIPA Ethical Standards (Form A-4.2)
- Statement of rationale supporting your Recognition of Prior Learning status application

Two Clinical Letters of Recommendation (At least one from an IIPA CIPTS or CICTS)

a) Certified International Integrative Psychotherapy or Counselling Trainer and Supervisor

Name:

Address:

Telephone:

b) Clinical letter of recommendation:

Name:

Address:

Telephone:

c) Application fee of 330 € has been transferred to the IIPA Bank Account.

d) I am currently a paid up member of the IIPA (required).

Signature: _____

Date: _____

A-4.4 CSC’s Response to Recognition of Prior Learning Status Application

(Page 1 of 2)

_____ (print name), on _____ (date) has requested that the IIPA Recognition of Prior Learning Status as an IIPA: (Please check as appropriate)

- Certified International Integrative Psychotherapist **(CIIP)**.
- Certified International Integrative Counsellor **(CIIC)**.
- Certified International Integrative Psychotherapy Trainer and Supervisor **(CIPTS)**.
- Certified International Integrative Counselling Trainer and Supervisor **(CICTS)**.

After a careful review of this application, it is the decision of the IIPA Standards and Certification Committee that the above applicant:

- Be officially granted Recognition of Prior Learning Status as a Certified Integrative Psychotherapist.
- Be officially granted Recognition of Prior Learning Status as a Certified International Integrative Counsellor.
- Be officially granted Recognition of Prior Learning Status as an Certified International Integrative Psychotherapy Trainer & Supervisor.
- Be officially granted Recognition of Prior Learning Status as an Certified International Integrative Counselling Trainer & Supervisor.
- The Applicant does not meet the current criteria for Recognition of Prior Learning Status as a Certified International Integrative Psychotherapist/Counsellor for the following reasons:

- The Applicant does not meet the current criteria for Recognition of Prior Learning Status as a Certified International Integrative Psychotherapy/Counselling Trainer & Supervisor for the following reasons:

A-4.4 CSC's Response to Recognition of Prior Learning Status Application

(Page 2 of 2)

Further information is needed in order to complete the evaluation, as detailed below:

Please feel free to contact the IIPA CSC for clarification of the above response, or address issues regarding response.

Signature: _____ Date: _____

On behalf of the IIPA Standards and Certification Committee

B. Certified International Integrative Psychotherapist or Counsellor (CIIP or CIIC) Experienced or Elementary Route

B-4.1 Applicant's Background Documentation

(Page 1 of 4)

Name:

Address:

(PLEASE USE ADDITIONAL SHEETS AS REQUIRED)

Academic Education & Qualifications: (include degrees & dates)

Licensing; Registration; Accreditation & Certifications: (please provide copies)

Have Ethical Complaints or Legal Charges ever been brought against you?

Yes No

If "Yes" please give dates, explanation and outcome below)

B-4.1 Applicant's Background Documentation

(Page 2 of 4)

Have you ever had a professional licence revoked?

Yes No

(If "Yes" please give dates and explanation below)

Have you ever had professional liability insurance revoked or denied?

Yes No

(If "Yes" please give dates and explanation below)

Do you have a medical condition that would incapacitate you in providing psychotherapy, supervision or training in a professional manner?

Yes No

(If "Yes" please give dates and explanation below)

Do you have a substance abuse problem that may prevent you from providing psychotherapy, supervision or training in a professional manner?

Yes No

(If "Yes" please give dates and explanation below)

B-4.1 Applicant's Background Documentation

(Page 3 of 4)

Clinical Training (include dates; locations)

Please indicate if training provided was Integrative Psychotherapy

Supervised Clinical Experience: (Please provide name(s) of supervisor(s); dates; location;

Please indicate if supervisor(s) are/were certified Integrative Psychotherapist.

(Do not include one-day or weekend workshops)

Clinical Experience as a Supervisor: (Please provide dates; locations)

Please indicate if your experience has been gained providing supervision from an Integrative Psychotherapy perspective.

Teaching Experience: (Please provide dates; locations)

Please indicate if the teaching you provided was Integrative Psychotherapy

B-4.1 Applicant's Background Documentation

(Page 4 of 4)

Publications: (Please provide details below)

I certify that to the best of my knowledge, the information provided in this document is true and accurate

Signed: _____

Date: _____

B-4.2 Acceptance of IIPA Ethical Standards

I, _____ (print name) have read, and
commit myself to adhere to, the IIPA Code of Ethics.

If I believe that the IIPA Code of Ethics violates the code of conduct for psychotherapists or counsellors established in my particular country and its laws, or the licensing; registration or accreditation boards of my profession, I will contact the IIPA Ethics Committee to address any discrepancies or concerns.

Signature: _____

Date: _____

B-4.4 Supervisor/Trainer Final Evaluation and Recommendation for applicant applying for Certification as an International Integrative Psychotherapist or Counsellor

(Page 1 of 2)

Supervisor's Name:

Address:

Telephone (Home):

Telephone (Business):

Fax:

E-mail:

Name of Trainee:

Address:

Telephone (Home):

Telephone (Business):

Fax:

E-mail:

Trainee is applying for Certification as: (please check box to all that apply)

Certified International Integrative Psychotherapist **(CIIP)**.

Certified International Integrative Counsellor **(CIIC)**.

The above trainee has met the following criteria:

Completed an IIPA approved training programme and fulfilled the criteria as set out in the Training Contract. (Please enclose a copy of the Training Contract with start and completion dates),

Has Passed an IIPA written examination (please enclose copy of result sheet) and/or

Has passed a required oral/case presentation (please enclose a copy of the evaluation).

B-4.4 Supervisor/Trainer Final Evaluation and Recommendation for applicant applying for Certification as an International Integrative Psychotherapist or Counsellor

(Page 2 of 2)

Briefly describe (below) the Trainee's strengths and weaknesses. Please indicate any concerns you may have about his/her readiness to be certified as an International Integrative Psychotherapist or Counsellor.

Supervisor's Attestation:

The Trainee, _____(print name) has successfully completed an IIPA approved training program in Integrative Psychotherapy and is now qualified to be granted the status of Certified International Integrative Psychotherapist.

The Trainee _____(print name) has successfully completed an IIPA approved training program in Integrative Psychotherapy and is qualified to be granted the status of a Certified International Integrative Counsellor.

To the best of my knowledge, the trainee has no limitations that would interfere with him/her being a competent, responsible and ethically sound Integrative Psychotherapist/Counsellor (no personal, professional, substance abuse, legal or ethical issues that would prevent the applicant from providing Integrative Psychotherapy/Counselling in a professional and competent manner).

Date: _____Supervisor's Signature_____

B-4.5 Standards & Certification Committee’s Evaluation and Determination of Trainee as a Certified International Integrative Psychotherapist or Counsellor

(Page 1 of 2)

_____ (print name), on _____ (date) has requested that the IIPA grant Recognition of Prior Learning Status as an IIPA:
(Please check boxes as appropriate)

Certified International Integrative Psychotherapist (CIIP).

Certified International Integrative Counsellor (CIIC).

By determination of the IIPA Standards & Certification Committee, it has been decided that:

The Trainee be granted status as a Certified International Integrative Psychotherapist (CIIP) CONGRATULATIONS! A Certificate is enclosed or will be sent to you shortly.

The Trainee be granted status as a Certified International Integrative Counsellor (CIIC) CONGRATULATIONS! A Certificate is enclosed or will be sent to you shortly

The Trainee does not currently meet the IIPA criteria for Certification as an International Integrative Psychotherapist/Counsellor for the following reasons:

Further information is needed in order to complete the evaluation, as detailed below:

B-4.5 Standards & Certification Commission’s Evaluation and Determination of Trainee as a Certified International Integrative Psychotherapist or Counsellor

(Page 2 of 2)

Please feel free to contact the IIPA CSC for clarification of the above response, or to address issues regarding response. In case you wish to formally appeal, please complete the form “Trainee Appeal against Standards & Certification Committee’s Certification Evaluation”, that you can ask to the Commission of Standards & Certification’s Chairperson.

A supporting letter from your Trainer/Supervisor may help your appeal, and may be a requirement of the Commission of Standards & Certification.

Signature: _____ Date: _____

On behalf of the IIPA Commission of Standards & Certification

C. Counselling Trainer and Supervisor (CIPTS or CICTS)

C-4.1 Applicant's Background Documentation

(Page 1 of 4)

Name:

Address:

(PLEASE USE ADDITIONAL SHEETS AS REQUIRED)

Academic Education & Qualifications: (include degrees & dates)

Licensing; Registration; Accreditation & Certifications: (please provide copies)

Have Ethical Complaints or Legal Charges ever been brought against you?

Yes No

If "Yes" please give dates, explanation and outcome below)

C-4.1 Applicant's Background Documentation

(Page 2 of 4)

Have you ever had a professional licence revoked?

Yes No

(If "Yes" please give dates and explanation below)

Have you ever had professional liability insurance revoked or denied?

Yes No

(If "Yes" please give dates and explanation below)

Do you have a medical condition that would incapacitate you in providing psychotherapy, supervision or training in a professional manner?

Yes No

(If "Yes" please give dates and explanation below)

Do you have a substance abuse problem that may prevent you from providing psychotherapy, supervision or training in a professional manner?

Yes No

(If "Yes" please give dates and explanation below)

C-4.1 Applicant's Background Documentation

(Page 3 of 4)

Clinical Training (include dates; locations)

Please indicate if training provided was Integrative Psychotherapy

Supervised Clinical Experience: (Please provide name(s) of supervisor(s); dates; location;

Please indicate if supervisor(s) are/were certified Integrative Psychotherapist.

(Do not include one-day or weekend workshops)

Clinical Experience as a Supervisor: (Please provide dates; locations)

Please indicate if your experience has been gained providing supervision from an Integrative Psychotherapy perspective.

Teaching Experience: (Please provide dates; locations)

Please indicate if the teaching you provided was Integrative Psychotherapy

C-4.1 Applicant's Background Documentation

(Page 4 of 4)

Publications: (Please provide details below)

I certify that to the best of my knowledge, the information provided in this document is true and accurate

Signed: _____

Date: _____

C-4.2 Acceptance of IIPA Ethical Standards

I, _____ (print name) have read, and
commit myself to adhere to, the IIPA Code of Ethics.

If I believe that the IIPA Code of Ethics violates the code of conduct for psychotherapists or counsellors established in my particular country and its laws, or the licensing; registration or accreditation boards of my profession, I will contact the IIPA Ethics Committee to address any discrepancies or concerns.

Signature: _____

Date: _____

C-4.3 Application Form – Certified International Integrative Psychotherapy or Counselling Trainer and Supervisor

Name:

Address:

Telephone (Home): Telephone (Business):

E-mail:

Name of Supervisor/Trainer: Address:

Tel:

E-mail:

I am applying for formal status as: (please check all boxes that apply)

Certified International Integrative Psychotherapy Trainer and Supervisor (**CIIPST**).

Certified International Integrative Counselling Trainer and Supervisor (**CIICST**).

Please find the following documentation enclosed:

Applicant Background Documentation (Form C-4.1)

Acceptance of IIPA Ethical Standards (Form C-4.2)

Application fee of 330 € has been transferred to the IIPA Bank Account

I am currently a paid up member of the IIPA (required)

Please note, your application will not be considered complete until the Standards & Certification Committee have received the required form from your Supervisor/Trainer. E.g., Supervisor Final Evaluation and Recommendation for Certification as an International Integrative Psychotherapist or Counsellor (Form C-4.4)

Signature: _____

Date: _____

C-4.4 Supervisor/Trainer Final Evaluation and Recommendation for applicant applying for Certification as an International Integrative Psychotherapy or Counselling Trainer and Supervisor

(Page 1 of 2)

Supervisor's name:

Address:

Telephone (Home): Telephone (Business):

E-mail:

Name of Applicant:

Address:

Telephone (Home): Telephone (Business):

Fax: E-mail:

Applicant is applying for Certification as: (please check all boxes that apply)

Certified International Integrative Psychotherapy Trainer & Supervisor (**CIIPST**).

Certified International Integrative Counselling Trainer & Supervisor (**CIICST**).

The above Applicant has met the following criteria:

Completed an IIPA approved training program and fulfilled the criteria as set out in the Training Contract. (Please enclose a copy of the Training Contract with start and completion dates.).

Applicant has passed a live demonstration of his/her teaching abilities (or agreed equivalent—specify below.).

Applicant has passed a required demonstration of his/her ability to supervise (please enclose a copy of the evaluation).

C-4.4 Supervisor/Trainer Final Evaluation and Recommendation for applicant applying for Certification as an International Integrative Psychotherapy or Counselling Trainer and Supervisor

(Page 2 of 2)

Briefly describe (below) the applicant's strengths and weaknesses. Please indicate any concerns you may have about his/her readiness to be certified as an International Integrative Psychotherapy or Counselling Trainer and Supervisor.

Supervisor's Attestation:

___ The Applicant, _____ (print name) has successfully completed an IIPA sponsored training program in Integrative Psychotherapy and is now qualified to be granted status as a Certified International Integrative Psychotherapy Trainer and Supervisor.

___ The Applicant, _____ (print name) has successfully completed an IIPA sponsored training program in Integrative Psychotherapy and is qualified to be granted status as a Certified International Integrative Counselling Trainer and Supervisor.

To the best of my knowledge, the applicant has no limitations that would interfere with him/her being a competent, responsible and ethically sounds Integrative Psychotherapy/Counselling Trainer and Supervisor (E.g., no personal, professional, substance abuse, legal or ethical issues that would prevent the applicant from providing Integrative Psychotherapy/Counselling Training and Supervision in a professional and competent manner)

Supervisor's signature

Date

C-4.5 Standards & Certification Committee’s Evaluation and Determination of Applicant as a Certified International Integrative Psychotherapy or Counselling Trainer and Supervisor

(Page 1 of 2)

_____ (print name), on _____ (date) has requested that the IIPA grant Status as an IIPA:
(Please check boxes as appropriate)

Certified International Integrative Psychotherapy Trainer & Supervisor (**CIIPST**).

Certified International Integrative Counselling Trainer & Supervisor (**CIICST**).

By determination of the IIPA Standards & Certification Committee, it has been decided that:

The Applicant be granted status as a Certified International Integrative Psychotherapy Trainer and Supervisor (CIIPST). Congratulations! A certificate is enclosed or will be sent to you shortly.

Applicant be granted status as a Certified International Integrative Counselling Trainer and Supervisor (CIICST). Congratulations! A Certificate is enclosed or will be sent to you shortly.

The Applicant does not currently meet the IIPA criteria for Certification as an International Integrative Psychotherapy/Counselling Trainer or Supervisor for the following reasons:

Further information is needed in order to complete the evaluation, as detailed below:

C-4.5 Standards & Certification Committee’s Evaluation and Determination of Applicant as a Certified International Integrative Psychotherapy or Counselling Trainer and Supervisor

(Page 2 of 2)

Please feel free to contact the IIPA CSC for clarification of the above response, or to address issues regarding response. In case you wish to formally appeal, please complete the form “Trainee Appeal against Standards & Certification Committee’s Certification Evaluation”, that you can ask to the Commission of Standards & Certification’s Chairperson.

A supporting letter from your Trainer/Supervisor may help your appeal, and may be a requirement of the Standards & Certification Committee.

Signature: _____ Date: _____