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| ISST CERTIFICATION APPLICATION REQUIREMENTS CHECKLIST | | | |
| APPLICANT’S NAME | | EMAIL ADDRESS | |
| ISST MEMBERSHIP NO. | |  | |
| LEVEL OF CERTIFICATION APPLIED FOR | |  | |
|  | CERTIFICATION REQUIREMENTS | | Requirement is met & Documentation Reviewed |
|  | License to practice psychotherapy verified | |  |
|  | Academic credentials requirement met | |  |
|  | ISST membership number | | LIST here |
|  | Training requirements completed: by A or B | |  |
| A | Signature of training program director,  year of program’s ISST certification | |  |
| B | for Independent programs: send copies of all ISST certificates you were given | |  |
|  | 25 or more Didactic Hours were completed  (no more than 6 hours with more than 40 participants) | |  |
|  | 15 or more Dyadic/Role-Play hours were completed  (maximum of 20 participants per trainer) | |  |
|  | Supervisor confirmation of hours by email was received | |  |
|  | # of patients treated, sessions and diagnoses meet requirements | |  |
|  | Rater of session recordings is independent – not trainer or supervisor unless exception has been granted | |  |
|  | STCRS summary sheet(s) received  Standard Certification: 1 tape, score > 4  Advanced Certification: 2 tapes, score > 4.5 | |  |
|  | Reviewer’s Name: | |  |
|  | Signature: | |  |
|  | DATE application was received | |  |
|  | DATE application was sent to T&C Coordinator | |  |

Please email this form and the ISST application form to Joan Farrell when completed

[Farrell@iupui.edu](mailto:Farrell@iupui.edu)