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| ISST CERTIFICATION APPLICATION REQUIREMENTS CHECKLIST  |
| APPLICANT’S NAME  | EMAIL ADDRESS  |
| ISST MEMBERSHIP No. and TYPE |  |
| LEVEL and SPECIALTY OF CERTIFICATION APPLIED FOR |  |
|  | CERTIFICATION REQUIREMENTS MET | Application section filled in and necessary documentation attached  |
|  | License to practice psychotherapy verified  |   |
|  | Academic credentials requirement met  |  |
|  | Training requirements completed: by either 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 |  |
|  | How many Didactic hours were completed (according to Specialty requirements) Note: no more than 6 hours with more than 40 participants |  |
|  | How many Dyadic/Role-Play hours were completed (according to Specialty requirements)Note: maximum of 20 participants per trainer |  |
|  | Confirmation supervision of hours has been sent by email by Supervisor |  |
|  | Number of patients treated, sessions and diagnoses meet requirements |  |
|  | Rater of session recordings is independent – not trainer or supervisor unless exception has been granted |  |
|  | STCRS (Recording) summary sheet(s) receivedStandard Certification: 1 tape, score > 4Advanced Certification: 2 tapes, score > 4.5 |  |
|  | STCCRS (CCF) summary sheet(s) receivedStandard Certification: 1 CCF, score > 4Advanced Certification: 2 CCF’s, score > 4.5 |  |
|  | Year applicant began training program:  |  |
|  | Year applicant completed training program |  |
|  | DATE of sending application to reviewer |  |
|  | Reviewer’s signature |  |

Please email this form with your application to the reviewer listed for your country or region

on the ISST website <https://schemasociety.wildapricot.org/Certification>