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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) received  Standard Certification: 1 tape, score > 4  Advanced Certification: 2 tapes, score > 4.5 | |  |
|  | STCCRS (CCF) summary sheet(s) received  Standard Certification: 1 CCF, score > 4  Advanced 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>