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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 > 4Advanced 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