**ISIPT Trainer / Supervisor Certification Grandfathering Application**

Application due October 1, 2019

*Please return this form before the deadline to* isiptcertification@gmail.com*. Due to limited capacity at this time, eligible applicants will be accepted on a first come, first served basis.*

Dear applicant,

Please complete this application and submit the requested materials to be considered for Grandfathering for ISIPT Certified Trainers and Supervisors. Please note that this is a limited submission as we build capacity for ISIPT Certification. There will be future opportunities to apply for ISIPT Trainer / Supervisor Certification. If your application is not accepted this round based on the criteria below, you will have the chance to speak to a committee member about re-application.

This process recognizes each applicant’s previous training and experience, while also considering ISIPT standards for supervisory and training quality. The process aims not to exclude qualified members based on cost, geographic location, language or cultural issues. Your application will be reviewed by an ISPT committee based on the Grandfathering Certification Criteria.

**ISIPT Trainer Certification Criteria for Grandfathering**

a) Applicant has completed a specific trainer’s training or equivalent (note: this criterion may be waived at the discretion of the committee based on experience)

b) Applicant has conducted either at least 8 separate two-day IPT training workshops(which can include introductory, intermediate or advanced levels) **or** the equivalent (e.g., at least 100 hours of academic IPT teaching). Provide a list of dates, places of trainings and/ or academic institutions.

c) Applicant providesa letter of recommendation from an IPT trainer or expert colleague to support application for trainer certification

d) Applicant provides an example of training materials or course syllabithat cover accepted core IPT concepts used for at least one of their trainings, including a brief narrative describing experiential components of their trainings

e) Additionally, recordings of trainings may be requested for review

**ISIPT Supervisor Certification Criteria for Grandfathering**

a) Applicant uses (or has used) IPT as a part of their clinical or research practices.

b) Applicant has completed a specific supervisor’s training, academic course, or training (e.g. through a research project) that covered the core competencies and adherence elements of IPT

c) Applicant has supervised trainees in at least 4 IPT cases with a minimum of 8 hours of

supervision with a trainee per case. Provide documentation of having completed didactic training and clinically supervised IPT cases, including supervision hours provided, along with a description of setting, patient population, discipline of supervisee (i.e., psychologist, nurse, psychiatry resident, social work student) and specifics of any IPT adaptations used

d) Either aletter provided by at least one supervisee documenting successful IPT supervision, or a letter from a supervisor recommending applicants certification as supervisor

**Application Form**

Please read all instructions and parts of this application form. Please complete all parts of the application. Applications with omissions will not be reviewed. Please contact the ISIPT Certification Committee at isiptcertification@gmail.com with any questions about the application. PLEASE NAME YOUR FILE AS YOUR “LAST NAME\_APPLICATION” (e.g. Flynn\_application).

First and Last Name:

Best contact information for you:

* + Email:
	+ Phone number:

Eligibility (please check the boxes that apply):

* ISIPT members in good standing (dues up to date).
* Complete all parts of this application by the deadline
* Submission of application and training materials in English, French, Turkish, Hebrew, or Portuguese
1. I am submitting materials to apply for
	* Trainer Certification grandfathering
	* Supervisor Certification grandfathering
	* Both Trainer and Supervisor Certification Grandfathering
2. In which Country / Region do you live?:
3. In what region(s) do you work?:
4. What is your primary training language?
5. Secondary training language?
6. What type of trainings do you typically conduct (select all that apply ):
	* Introductory IPT / IPT-A / IPSRT or related workshops
	* Advanced IPT / IPT-A / ISIPT workshops
	* Academic courses (teaching) of IPT / IPT-A / ISIPT
	* Clinical supervision and / or coaching in IPT / IPT-A / ISIPT
	* Other (write-in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. a) Approximately how many trainings per year do you conduct (any of the above )?

 b) Approximately how many trainings total have you conducted in your lifetime?

9. How long have you been proving IPT trainings in any of the formats listed in item 5?

10. Please submit the following along with this application:

* A Cover Letter providing a rationale and examples to support your request to be grandfathered as an IPT trainer and/or supervisor. This letter should document past experience as a trainer and/or supervisor.
* A Letter of Recommendation from an IPT expertto support the candidate’s qualifications to be an ISIPT certified trainer/supervisor
* Copies of any certificates from completed IPT training programs
* Include additional documentation requested based on application for trainer or supervisor **(see criteria for each detailed below).**

Please indicate your agreement to the following:

* + I agree to submit all application and supporting (If you cannot fulfill this prior to the deadline, you may apply in the next queue).
	+ I would be willing to serve as a rater for future certification applicants. \*\*

\*\* If you are not able to serve as a rater in future certification rounds, this will not disqualify you from applying for certification. However, ISIPT is in the process of building capacity to expand this application process to as many interested ISIPT members as possible. Therefore, this service to ISIPT is extremely helpful!