

GROUP PSYCHOTHERAPY COLLEAGUE REFERENCE FORM

To be submitted by applicants with more than ten years of group psychotherapy experience following completion of clinical graduate training or those whose supervisor(s)/consultant(s) are not reachable or whose supervision/consultation was provided by a single supervisor/consultant.

Name of Applicant _____

Information provided on this form will help establish eligibility of the applicant to be included in the International Board for Certification of Group Psychotherapists.

GROUP PSYCHOTHERAPY COLLEAGUE INFORMATION

I have known the applicant since _____
month/year

I am/am not knowledgeable specifically of the applicant's group psychotherapy skills.

I do/do not endorse the applicant as an ethical, competent group psychotherapist.

Group Psychotherapy Colleague's Name _____

Degree _____ Discipline _____

Address _____

Office Phone _____ Fax _____

Home Phone _____ E-Mail _____

Title of License _____ License Number _____

Signature

Date

PLEASE RETURN THIS FORM TO APPLICANT FOR SUBMISSION WITH THEIR ELIGIBILITY FORM