

**GROUP PSYCHOTHERAPY EDUCATION, EXPERIENCE & SUPERVISION FORM**

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

Name of Applicant: \_\_\_\_\_

**I. GROUP PSYCHOTHERAPY EDUCATION INFORMATION**

**Required:** Completion of 15 clock hours of study in group psychotherapy theory and practice which covered these content areas.

- Group Psychotherapy Foundations: Historic, Contemporary and Cultural Perspectives
- Group Structure and Group Dynamics
- Group Formation and Group Development
- Group Leadership: Tasks and Skills
- Group Psychotherapy in Action: Ethics, Neuroscience and Personal Style

I met this requirement by taking the Principles of Group Psychotherapy Course through AGPA or a local affiliate society:

Date Taken: \_\_\_\_\_

Number of hours: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

I met this requirement through other training such as graduate courses or other training programs. Please provide details and explain how each course meets some or all the content areas above.

*We ask that you upload a detailed description/syllabus/transcript(s) to your application as well.*

Title of Course: \_\_\_\_\_

School/Training Program/Sponsoring Organization \_\_\_\_\_

Instructor: \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Course Description and Content Areas Met: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**TOTAL GROUP EDUCATION HOURS:** \_\_\_\_\_

**II. GROUP PSYCHOTHERAPY EXPERIENCE**

Required: 300 hours of group psychotherapy experience as a leader or co-leader. Such hours must be accrued during or following clinical graduate training.

Type of Group/Population			
Setting			
Date Began		Hours per Week	
Date Ended		<b>TOTAL HOURS PER GROUP</b>	

Type of Group/Population			
Setting			
Date Began		Hours per Week	
Date Ended		<b>TOTAL HOURS PER GROUP</b>	
Type of Group/Population			
Setting			
Date Began		Hours per Week	
Date Ended		<b>TOTAL HOURS PER GROUP</b>	
Type of Group/Population			
Setting			
Date Began		Hours per Week	
Date Ended		<b>TOTAL HOURS PER GROUP</b>	

**GRAND TOTAL GROUP EXPERIENCE HOURS:** \_\_\_\_\_

**III. GROUP PSYCHOTHERAPY SUPERVISION**

Required: 75 hours of group psychotherapy supervision. Such hours must be accrued during or following clinical graduate training. If you have 10 or more years of group therapy experience, you do not need to complete this section.

I have more than 10 years of group therapy experience (you do not need to complete this section)

I have less than 10 years of group therapy experience (please complete this section)

Name/Degree of Group Psychotherapy Supervisor			
Date Supervision Began		Hours per Week	
Date Supervision Ended		<b>TOTAL SUPERVISION HOURS</b>	
Name/Degree of Group Psychotherapy Supervisor			
Date Supervision Began		Hours per Week	
Date Supervision Ended		<b>TOTAL SUPERVISION HOURS</b>	
Name/Degree of Group Psychotherapy Supervisor			
Date Supervision Began		Hours per Week	
Date Supervision Ended		<b>TOTAL SUPERVISION HOURS</b>	

**GRAND TOTAL GROUP PSYCHOTHERAPY SUPERVISION HOURS:** \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_