

## GROUP PSYCHOTHERAPY SUPERVISION/CLINICAL CONSULTATION VERIFICATION REFERENCE FORM

*For use by applicants with less than ten years of group psychotherapy experience following completion of clinical graduate training.*

*Supervisors/Consultants will be considered qualified if they are listed, or are eligible for listing (which requires licensure at the highest level in your discipline of practice, 300 hours of group psychotherapy experience, and 75 hours of group psychotherapy supervision/consultation) with the International Board for Certification of Group Psychotherapists and have a total of 600 hours of group psychotherapy experience (this is an additional 300 hours beyond the CGP eligibility standards). Your signature on this form verifies that you meet these qualifications.*

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

Information provided on this form will help establish eligibility of the applicant to be included with the International Board for Certification of Group Psychotherapists. Group psychotherapy credentials require the applicant to have received 75 hours of group psychotherapy supervision/consultation during or following clinical graduate training.

Such supervision/consultation must have occurred with a group psychotherapy supervisor/consultant in either an individual or group format and must have involved the regular presentation of group psychotherapy clinical material.

### GROUP PSYCHOTHERAPY SUPERVISOR/CONSULTANT INFORMATION

Name \_\_\_\_\_

Degree \_\_\_\_\_ Discipline \_\_\_\_\_

Address \_\_\_\_\_

Current Work Affiliation \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Title of License: \_\_\_\_\_ License Number: \_\_\_\_\_

Place Where Supervision/Consultation Took Place \_\_\_\_\_

Date Supervision Began \_\_\_\_\_ Ended \_\_\_\_\_

Hours per Week \_\_\_\_\_ Total Hours of Supervision/Consultation \_\_\_\_\_

Format of Supervision/Consultation (individual, group) \_\_\_\_\_

I affirm that I provided group psychotherapy supervision/consultation to the above-named applicant, that the information listed is correct to the best of my knowledge, and that in my judgment, the applicant is an ethical and competent group psychotherapist. I also affirm that I meet the CGP's qualifications for an approved supervisor/consultant defined as follows:

I am a CGP with a total of 600 hours of leading psychotherapy groups (300 hours beyond the CGP eligibility standards).

I meet the CGP eligibility requirements of an academic graduate degree, licensure at the highest level in my discipline, and have led a total of 600 hours of group psychotherapy and have had 75 hours of supervision.

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

I am interested in becoming a Certified Group Psychotherapist. Please send me an application.

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