



## CERTIFICATION APPLICATION – Stage 1 –

### Application Requirements

- Be a member of CACBT - ACTCC in good standing.
- Hold professional liability insurance that covers all professional activities.
- Be licensed/registered/certified for independent practice by a provincial/territorial regulatory body (or equivalent).
- Provide an up-to-date Curriculum Vitae.
- Provide information under Option A or Option B of the Application below (*see Section 4 below*).

### 1. Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently a CACBT-ATCC member in good standing?

Yes  No

### 2. Liability Insurance Information

Do you hold professional liability insurance that covers all professional activities?

Yes  No

Who is your insurance Provider: \_\_\_\_\_

*Supporting insurance documentation must be included with c application. o*

### 3. Independent Practice Information

Applicants **must** be a regulated professional (e.g., registered or certified psychologist, licensed physician, registered social worker, registered nurse, etc.) in good standing.

Name of governing body: \_\_\_\_\_

Date of registration/certification: \_\_\_\_\_

License/registration number: \_\_\_\_\_

**4. Documentation Required – Please select EITHER Option A OR Option B**

**OPTION A**

**1. Documentation of Formal Training in CBT:**

At least 40 hours of training in CBT through a formal clinical training program that is CBT-intensive (e.g., CBT-intensive courses, seminars, practicum placements/ rotations, pre-doctoral internship program, post-doctoral or fellowship specialization, organized workshops in CBT, post-graduate program in CBT, or a series of formal supervised clinical experiences equating to one year, etc.).

Please provide a detailed description of your formal training experiences in an attachment including:

- Names of program(s), workshop(s), etc.
- Dates attended
- Names of faculty, supervisors, instructors
- Description of CBT content

**2. Minimum CBT Experience:**

Please provide a detailed description of your CBT clinical experience and applicable dates including presenting problems of clients seen, approximate number of therapy hours, specific treatment protocols used, and any supervision received. Following the completion of one’s formal education and registration or certification, the applicant must have recent, substantial experience in CBT as an independent professional (at least 12 clients (or groups) across a breadth of symptom presentations using CBT; a minimum of 5 sessions each case). Please note that clients seen as a group will count as one client towards the minimum of 12.

**3. Letters of Support:**

Please attach at least 2 Letters of Support from supervisors familiar with your practice.

If a clinical supervisor is not available to write a letter, we will consider letters from other professionals familiar with your CBT training, knowledge and skills.

**OPTION B**

**Hold CBT Credentials from another credible organization:**

Current certification from Academy of Cognitive Therapy (ACT), American Board of Professional Psychology with a specialization in CBT (ABPP) or British Association for Behavioural and Cognitive Psychotherapies (BABCP) will be readily recognized.

Please provide the following information and a scanned copy of a certificate, letter of credentialing, or confirmation email from the credentialing association:

Name of Organization

Date of Membership:

Membership Number (if applicable):

**5. Applicant’s Verification**

I hereby certify that all information that I have provided in this application is accurate. I understand that the information I have provided may be verified by the CACBT # \_\_\_\_\_ # \_\_\_\_\_

Print Name

Signature

Date

Certification Application (Stage 1), supporting documentation and a PDF copy of your Curriculum Vitae can be submitted online by logging into your CACBT member area. Applications will be reviewed by the CACBT Certification Committee - [certification@cacbt.ca](mailto:certification@cacbt.ca)