



American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy

1629 K Street NW, Suite 300 - Washington, DC 20006 - abe@psychodramacertification.org - www.psychodramacertification.org

TEP PRIMARY TRAINER ENDORSEMENT

PART I: WAIVER OF LIABILITY (To be completed by Applicant)

I, _____, hereby authorize _____,
(Applicant) (Endorser)

hereinafter "the endorser," to provide the American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy and their appointed representatives with all information of any kind which the endorser may deem relevant to my qualifications as an applicant. I hereby release and discharge the endorser and the American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy from all claims arising out of the provision of such information.

SIGNATURE OF APPLICANT

DATE

PART II: ENDORSEMENT (To be completed by the Endorser)

**Do not complete this reference form unless the above waiver is signed by the applicant.
Do not return this form to the applicant, but mail it directly to the Board.**

A. GENERAL INSTRUCTIONS

You may endorse this applicant provided that you have personally observed the applicant more than once on separate occasions within the past three years conducting psychodrama training sessions that reveal the knowledge, skills and abilities relevant to the teaching and training of the practice of psychodrama, sociometry and group psychotherapy.

Primary trainer has observed applicant on at least two occasions. List dates: _____, _____.

B. SPECIFIC INSTRUCTIONS

Using the format requested below, provide the information asked for on your professional letterhead.

The applicant is already certified as a practitioner, so please limit your comments to their knowledge, skills and abilities as a trainer and teacher in psychodrama, sociometry and group psychotherapy.

Comments regarding the applicant's skill in other roles – for example, as a director, auxiliary, double, group member, or service to the community – are not relevant to this endorsement.

I. Relationship Context: In general provide a history of your relationship with the applicant. Specifically describe the number of times, dates and settings in which you have observed the applicant in the role of trainer and educator in psychodrama, sociometry and group psychotherapy.

II. Evaluation of Applicant's Knowledge, Ability and Skills: Describe your impressions and evaluations of the applicant's knowledge, skills and abilities as a trainer and educator in leading psychodrama, sociometry and group psychotherapy training sessions. Include strengths and weaknesses. Is there a particularly memorable training recollection? Be as explicit as you can be.

III. Evaluation of Applicant's Professionalism: Comment on the applicant's professionalism as a trainer and teacher. This includes things like knowledge of the subject area, awareness of limitation of competency, concern for ethics, standards of practice, relationships with colleagues, continuing education, and so forth.

(Continued next page)

PART III: VERIFICATION OF HOURS OF TRAINING AND EDUCATION

Number of hours of training workshops offered by this applicant: _____

Number of hours of professional development undertaken by this applicant: _____

Number of hours you have directly consulted with this applicant: _____

PART IV: RECOMMENDATION

I have carefully reviewed the applicant's records and application for certification and attest to the accuracy of these documents. Furthermore, it is my opinion that the applicant has completed all the necessary training at the trainer, educator, practitioner level, wherein 144 hours of training workshops were presented under at least 48 consultation sessions of at least 50 minutes each conducted by me or another approved TEP, wherein any additional training workshops were consulted by me at a minimum ratio of 1 hour of consultation to 8 hours of training, and wherein at least 100 hours of professional development were undertaken by the applicant on my advice and consent. I recommend that this applicant be admitted to the examination process at the trainer, educator, practitioner level. I also understand that the applicant will continue to be under my supervision for all training hours offered for credit until the applicant has successfully passed both the written and the on-site examinations.

PRINTED NAME OF THE PRIMARY TRAINER

SIGNATURE OF PRIMARY TRAINER

DATE

ALL APPLICATION MATERIALS MUST BE RECEIVED IN OUR OFFICE BY JULY 15th