



# American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy

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## TEP APPLICATION COMPLETION FORM

### PART I: IDENTIFICATIONS

#### APPLICANT:

Name \_\_\_\_\_

#### PRIMARY TRAINER:

Name \_\_\_\_\_

#### SECONDARY TRAINER:

Name \_\_\_\_\_

#### THIRD PROFESSIONAL ENDORSER:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (O) \_\_\_\_\_ Email \_\_\_\_\_

### PART II: PRIOR PRACTITIONER CERTIFICATION

Year of Certification: \_\_\_\_\_ Primary Trainer: \_\_\_\_\_

### PART III: FINAL TRAINING RECORD

Submit PAT Annual Update. You are required to maintain your PAT enrollment and submit an Annual PAT Update until you have successfully completed both the written and the on-site examination.

### PART IV: OTHER PROFESSIONAL ACHIEVEMENTS

List on separate sheets: (1) Achievements, Honors and Awards, Publications, Unpublished Research, and Memberships in Professional Societies; (2) Certifications and Licenses earned; (3) Participation in and Presentations at professional meetings and conferences; and (4) roles and activities you have taken to support the psychodrama community.

**I have carefully read and reviewed this TEP Application Form all supporting documents and attest to the accuracy of these documents. I also understand it is my responsibility to mail the TEP Application and the supporting documents directly to the Board. Furthermore, I recommend this applicant for trainer, educator and practitioner certification, and believe the applicant is ready to pass both the written and on-site examinations.**

\_\_\_\_\_  
SIGNATURE OF PRIMARY TRAINER (CERTIFIED TEP)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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