



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

CP APPLICATION FORM

PART I: IDENTIFICATIONS

APPLICANT:

Name _____ Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

PRIMARY TRAINER:

Name _____

SECONDARY TRAINER:

Name _____

THIRD PROFESSIONAL ENDORSER:

Name _____ Address _____
City _____ State _____ Zip _____
Phone () _____ Email _____

Applicants must provide references from one primary trainer, who is a Board-Certified Trainer, Educator, Practitioner in Psychodrama, Sociometry and Group Psychotherapy (TEP), a secondary TEP, and one other professional in the applicant's area of practice who is familiar with the applicant's work. The secondary TEP and other professional must have observed the applicant on more than one separate occasion directing sessions which reveal the skills and knowledge relevant to the practice of psychodrama, sociometry and group psychotherapy. At least one of the required observations, by both the primary AND secondary endorsers, must have been in-person, in real-time, without the use of electronic media, such as Zoom, pre-recorded videos or other digital or electronic formats. There is no requirement for an in-person observation by the third endorser.

PART II: STATE LICENSES (If Applicable)

If you are licensed or certified as a master's level mental health professional by a state, complete this section. Please attach a photo copy of your current license.

Licensed as _____ License # _____ Dated _____

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PART III: EDUCATION

UNDERGRADUATE DEGREE:

Name of University _____ Location _____
 Dates Attended _____ Degree _____ Fields of Study _____

GRADUATE DEGREE:

Name of University _____ Location _____
 Dates Attended _____ Degree _____ Fields of Study _____

GRADUATE DEGREE:

Name of University _____ Location _____
 Dates Attended _____ Degree _____ Fields of Study _____

If you are a licensed master's level mental health professional you are not required to submit any transcripts. If you are not a licensed master's level mental health professional, submit relevant official transcripts.

PART IV: DOCUMENTATION OF TRAINING HOURS

Complete the table below, listing the number of training hours you received from certified Trainers, Educators and Practitioners (TEPs) and Practitioner Applicants for Trainer (PATs). Indicate the number of live training hours versus the number of distance learning hours for each TEP or PAT. Also, complete the cells to indicate any waived hours (for mental health license or registration/certification or for live participation at approved conferences). Note: Training hours never expire. **Do not submit narratives, listings, certificates, tables or other proofs of attendance. Your primary trainer is responsible for verifying the authenticity of all training hours.**

	LIVE* TRAINING HOURS	DISTANCE LEARNING HOURS (For FY 2022, NTE 170 hours)
Primary Trainer (minimum 390 hours)		
Secondary Trainer		
Other TEPs		
PATs (not to exceed 160 hours)		
Licensed Master's Level Mental Health Professionals or those who are Certified or Registered in the following: ATR, DTR, MT-BC, or RDT (100 Hours Credit)		
Hours Obtained from Live Participation at AGPA, ASGPP, or NADTA local, regional, and national meetings from presenters who are neither TEPs nor PATs (maximum 100 Hours Credit)		
GRAND TOTALS		

*Live training hours and practicum hours refer to traditional, in-person, in real-time, without the use of electronic media, such as Zoom, pre-recorded videos or other digital formats.

PART V: SUPERVISED EXPERIENCE

Each applicant must complete a supervised year of experience applying the theory and methods of psychodrama, sociometry and group psychotherapy. The supervised experience practicum must be current and cannot be more than four years from the date of application for certification. The applicant must direct a minimum of 80 sessions (i.e., Individual, Couples, Family & Groups). A majority of these sessions (41) must be group sessions. The applicant must obtain a minimum of 40 supervision sessions (each a minimum of 50 minutes) for these sessions (a ratio of one supervision session for every two directed sessions). A minimum of 1/2 of these supervision sessions must be provided by a TEP. Supervision sessions provided by Non-TEPs must be approved in advance by the primary trainer.

Attach a description of your supervised experience.

Describe each service (e.g., an ongoing client, or an ongoing group) or single session (a one-time event). One paragraph is sufficient information for each service. For each service provide the following information:

- Date(s) of Service
- Type of Service (e.g., individual, couple, family or group)
- Population Served
- Goals & Objectives for your work with this population, including expected outcomes
- Evaluation Measures employed to determine outcomes
- Specific psychodramatic, sociometric and other experiential methodologies (i.e., assessment and interventions) used in your work with this population. Describe how these methodologies relate to the goals and objectives of the service.

A. SUPERVISION SUMMARY

Date that Applicant Completed initial 80 hours of training (month/year) _____

SUPERVISOR'S NAME & DEGREE	Psychodrama Sessions (see 1)	Supervisions Sessions (see 2)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS:		

Each supervisor who provided more than ten sessions of supervision must submit a Verification of Supervised Experience form.

1. Number of Psychodrama Sessions (Individual, Couples, Family & Group) that the applicant directed under the supervision of this supervisor. The total must be at least 80.
2. Number of Supervision Sessions (each a minimum of 50 minutes) provided by this Supervisor. The total must be at least 40.

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PART VI: OTHER PROFESSIONAL ACHIEVEMENTS

Attach a copy of your resumé or curriculum vitae. List on separate sheets:

- (1) Achievements, Honors and Awards, Publications Unpublished Research, and Membership in Professional Societies.
 - (2) Certifications and Licenses earned.
 - (3) Participation in and Presentations at professional meeting and conferences.
 - (4) Activities undertaken to support the psychodrama community.
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PART VII: APPLICATION ATTESTMENT Application **MUST** include the following statement:

My primary trainer and I have carefully read and reviewed this CP Application Form and all supporting documents and attest to the accuracy of these documents. I understand it is my responsibility to deliver the CP Application and supporting documents directly to the Board.

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