

American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy

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PAT INITIATION FORM & TRAINING CONTRACT

PART I: NAME OF APPLICANT			
Name	Email		Phone
PART II: PRACTITIONER CERTIFIC	ATION		
Year you were certified as Practitioner:		Primary Trainer	
Expected date of completion:		Timary Trainer	
PART III: STATEMENT OF PRIMA	RY TRAINER	MENTORSHIP	
Name of Trainer	, approve a	nd endorse that	
			of Applicant
be admitted to the Practitioner Applicant for and to schedule regular and routine consultations.		(PAT). We understand that this process	requires us to work together,
The PAT process requires a minimum of three and group psychotherapy. The PAT will: 1) Off direct consultation with the Primary Trainer: 4 receive a minimum ratio of 1 consultation hour of training workshop hours; 3) Take responsibility receive a maximum 160 hours of training cred	er a minimum of 8 hours of consumer to 8 training hours for informing	f 144 hours of training workshops over ultation for the first 144 hours of requir urs for training workshops offered over their students that workshops are offer	three to five years; 2) Receive ed training workshops and will the minimum required number red for credit and that they can
Together we have developed a plan for the ne sional development, offer training workshops Professional Development, II. Training Workshops graphs. The first paragraph is an assessment of graph states the skills, knowledge and abilities acquire them. The second section contains the when they will be offered, and the topics for receiving consultation.	and receive cons lops, and III. Con f the PAT's currer s that the PAT pl training worksh	sultation over the next year. The narrati sultation. The professional development skills, knowledge and abilities to functions to acquire over the three years and ops that the PAT plans to offer in the co	ve consists of three sections: I. It section consists of two paration as a TEP. The second parad when and where the PAT will ming year including where and
It is the responsibility of both parties to mee record of all training hours offered for credit, the Board are accurate.			
We have reviewed this application to enter the of to the training plan we have attached. We verifistand that the Board of Examiners reserves the	y that all the info	rmation it contains is accurate, to the be	st of our knowledge. We under-
SIGNATURE OF TRAINER	DATE	SIGNATURE OF APPLICANT	DATE