



American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy

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CP VERIFICATION OF SUPERVISED EXPERIENCE

PART I: NAME OF APPLICANT _____

PART II: NAME OF SUPERVISOR _____

PART III: SUPERVISED EXPERIENCE

Date the Applicant began supervised experience with you _____

Number of 60 minute sessions the Applicant has directed under your supervision _____

Number of supervision hours (each a minimum of 50 minutes) accrued during supervision _____

Date the Applicant's supervised experience with you was completed _____

PART IV: SUPERVISOR EVALUATION OF APPLICANT'S WORK

SPECIFIC DIRECTIONS

Using the format requested below, provide the information asked for on your professional letterhead. If you are NOT certified by The American Board of Examiners please attach a copy of your resumé or curriculum vitae.

I. Relationship Context: Describe the extent of your knowledge of the applicant's training, work, and experience in psychodrama, sociometry and group psychotherapy. Include the number of time, the dates, and the settings in which you have observed the applicant and identify the roles played by the applicant.

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

III. Evaluation of Applicant's Professionalism: Comment on the professionalism of the candidate. 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.

PART V: RECOMMENDATION

I hearby recommend and endorse the applicant for certification as a Practitioner of Psychodrama, Sociometry and Group Psychotherapy:

SIGNATURE OF ENDORSER

DATE

THIS FORM MUST BE RECEIVED IN OUR OFFICE BY JULY 15th