

American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy

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

THE PAT ANNUAL TRAINING PLAN UPDATE FORM

	FROM: TO:
PA	RT I: Name of PAT
Naı	ne
P/	RT II:
Wh	at year did you begin this process: What year do you plan to take the TEP exam:
P/	RT III: Reporting Training Hours, Consultation and Professional Development
A.	TRAINING SESSIONS: Attach Annual Summary of Training Hours Form.
В.	PROFESSIONAL DEVELOPMENT: Attach Annual Summary of Professional Development Form.
C.	CONSULTATION:
PA	In the space below tell us who you received consultation from since your last annual update and, the types of supervision and the time frames (e.g., J.L. Moreno provided 15 hours of consultation during this past year both via telephone, face to face and on-site). RT IV: Annual Summary of Training Hours, Consultation and Professional Development
TRA	INING HOURS OFFERED THIS YEAR CUMULATIVE TRAINING HOURS OFFERED
COI	SULTATION OBTAINED THIS YEAR CUMULATIVE CONSULTATION OBTAINED
	FESSIONAL DEVELOPMENT AINED THIS YEAR CUMULATIVE PROFESSIONAL DEVELOPMENT OBTAINED
PA	RT V: Intentions for Next Year
	ach a one-page narrative of your intentions to obtain professional development, offer training workshops and eive consultation over the next year.
Ou	r signatures below confirm our on-going Primary Trainer & PAT training relationship.
Sign	ature of Primary Trainer Date Signature of Applicant Date
As	the primary trainer I have carefully read and reviewed the PAT Annual Update and all supporting documents.

YOUR ANNUAL PAT UPDATE FORM MUST BE RECEIVED IN OUR OFFICE BY JULY 15th

I understand it is the primary trainer's responsibility to mail these materials to the Board.

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ANNUAL SUMMARY OF TRAINING HOURS

List Training Session in Chronological Order

Title:
Trainer Role Taken (check one) □ Solo Trainer — You do it all □ Co-Trainer — You and someone else do it collaboratively □ Team Trainer — You and someone else take turns (count only your turn) □ PAT Intern — You do part of a Training session for a TEP (count only your part) □ Other — Please describe what you did:
Describe the Participants (setting, population):
Describe the Training (type of training; goals, objectives; techniques used):
Date Presented Hours Performed Total Hours to Date
Describe Consultation: Name of Consultant:
Title:
Trainer Role Taken (check one) Solo Trainer — You do it all Co-Trainer — You and someone else do it collaboratively Team Trainer — You and someone else take turns (count only your turn) PAT Intern — You do part of a Training session for a TEP (count only your part) Other — Please describe what you did:
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ANNUAL SUMMARY OF PROFESSIONAL DEVELOPMENT

The Board of Examiners defines professional development broadly as long as it increases the PAT's knowledge, skills and abilities as a TEP. Professional Development includes: 1) Attending Local, Regional & National Conferences; 2) Taking Classes; 3) Attending Workshops or Seminar; 4) Publishing articles or books may be credited for total of 15 hours; and 5) personal growth or therapy may be credited for a maximum of 25 hours.

Title:			
Description:			
Trainer / Teacher / Institution:	Dates:	Hours Completed	\neg
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