

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

PAT INITIATION FORM & TRAINING CONTRACT

PART I: NAME OF AF	PLICANT		
Name	Email		Phone
PART II: PRACTITION	IER CERTIFICATION		
Year you were certified as Prac	ctitioner:Your F	Primary Trainer:	
PART III: STATEMEN	T OF PRIMARY TRAINER	MENTORSHIP	
Name of Trainer	, approve a	nd endorse that	me of Applicant
be admitted to the Practition		(PAT). We understand that this proc	
and group psychotherapy. The direct consultation with the receive a minimum ratio of 1 of training workshop hours;	he PAT will: 1) Offer a minimum of Primary Trainer: 48 hours of consu consultation hour to 8 training hou B) Take responsibility for informing	sively responsible training and educe f 144 hours of training workshops of altation for the first 144 hours of rec ars for training workshops offered ov their students that workshops are o and 4) Obtain 100 hours of Profession	ver three to five years; 2) Receive juired training workshops and will ver the minimum required number ffered for credit and that they can
sional development, offer tra Professional Development, II graphs. The first paragraph is graph states the skills, know acquire them. The second se	aining workshops and receive cons I. Training Workshops, and III. Cons Is an assessment of the PAT's currer ledge and abilities that the PAT pla ction contains the training worksho	is a one to two page narrative of the ultation over the next year. The narrasultation. The professional development skills, knowledge and abilities to ful ans to acquire over the three years ops that the PAT plans to offer in the The final section will be a brief description.	rative consists of three sections: I. nent section consists of two para- inction as a TEP. The second para- and when and where the PAT will coming year including where and
		r regularly and routinely. It is the re bility of the Primary Trainer to verify	
to the training plan we have a	ttached. We verify that all the infor	ess for Trainer, Educator, Practitioner. Tmation it contains is accurate, to the y information contained in the applic	best of our knowledge. We under-
SIGNATURE OF TRAINER	DATE	SIGNATURE OF APPLICANT	