



American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy

SUPERVISED PRACTITIONER FORM

PART I: IDENTIFICATIONS

APPLICANT:

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

PRIMARY TRAINER:

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

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.

APPLICANT:

Licensed as _____ License # _____ Dated _____

I verify that my license(s) and/or certification(s) to practice in my professional field has never been suspended or revoked due to unethical, unprofessional, or illegal conduct.

PRIMARY TRAINER:

Licensed as _____ License # _____ Dated _____

I verify that my license(s) and/or certification(s) to practice in my professional field has never been suspended or revoked due to unethical, unprofessional, or illegal conduct.

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PART III: 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 must be current and cannot be more than four years from the date of application for certification. Supervision sessions provided by Non-TEPs must be approved in advance by the primary trainer.

A. SUPERVISION SUMMARY

Date started Psychodrama Training (month/year) _____

Number of Hours Completed to Date: _____

Number of Hours of Training Completed with Primary Trainer: _____

Names of Trainers:

_____	_____
_____	_____
_____	_____
_____	_____

PART IV: APPLICATION ATTESTMENT **Supervisor MUST confirm the following statements:**

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

I verify that my license(s) and/or certification(s) to practice in my professional field has never been suspended or revoked due to unethical, unprofessional, or illegal conduct.

I have verified that my supervisee's license(s) and/or certification(s) to practice in their professional field has never been suspended or revoked due to unethical, unprofessional, or illegal conduct.

I have reviewed the Supervised Practitioner standards with this applicant.

This applicant has completed 300 hours of training. At least 100 of those training hours have been with me as the trainer.

I have reviewed the "Core competencies" and "Practice Recommendations" listed on the ABE website with this candidate.

I have witnessed this applicant adequately facilitate groups using sociometric principles effectively.

I have witnessed this applicant adequately direct a full psychodrama or sociodrama session on at least 2 occasions.

I have engaged in at least 3 supervision sessions with this applicant concurrent to their training experiences. (Please note supervision sessions must have been at least 50 minutes in length and offered the applicant the opportunity to discuss specific psychodrama, sociodrama, or sociometric applications).

I believe this applicant can assess prudently their own capacities and skills in a professional situation and act ethically.

I agree to notify the ABE in writing of any changes in the supervisor agreement within 30 days of any changes.

The candidate and I have reviewed appropriate applications of psychodrama, sociometry, and group psychotherapy within their professional scope of practice.