



# American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy

1629 K Street NW, Suite 300 - Washington, DC 20006 - [jasmin@abepsychodrama.org](mailto:jasmin@abepsychodrama.org) - [www.psychodramacertification.org](http://www.psychodramacertification.org)

## CP APPLICATION FORM

### PART I: IDENTIFICATIONS

#### APPLICANT:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you an ABE approved Supervised Practitioner?

Yes

No

If yes please provide the Date initially certified as Supervised Practitioner (SP): \_\_\_\_\_

#### PRIMARY TRAINER:

Name \_\_\_\_\_

Email \_\_\_\_\_

#### SECONDARY TRAINER:

Name \_\_\_\_\_

Email \_\_\_\_\_

#### THIRD PROFESSIONAL ENDORSER:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Email \_\_\_\_\_

Applicants must provide references from one primary trainer, who is a Board-Certified Trainer, Educator, Practitioner in Psychodrama, Sociometry and Group Psychotherapy (TEP), a secondary TEP, and one other professional in the applicant's area of practice who is familiar with the applicant's work. The secondary TEP and the other professional must have observed the applicant on more than one separate occasion directing sessions which reveal the skills and knowledge relevant to the practice of psychodrama, sociometry and group psychotherapy. At least one of the required observations, by both the primary AND secondary endorsers, must have been in-person, in real-time, without the use of electronic media, such as Zoom, pre-recorded videos or other digital or electronic formats. There is no requirement for an in-person observation by the third endorser. The Third Professional Endorser may not be another student in psychodrama training nor another applicant for certification.



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## 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.

Licensed as \_\_\_\_\_ License # \_\_\_\_\_ Dated \_\_\_\_\_

## PART III: EDUCATION

### UNDERGRADUATE DEGREE:

Name of University \_\_\_\_\_ Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_ Fields of Study \_\_\_\_\_

### GRADUATE DEGREE:

Name of University \_\_\_\_\_ Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_ Fields of Study \_\_\_\_\_

### GRADUATE DEGREE:

Name of University \_\_\_\_\_ Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_ Fields of Study \_\_\_\_\_

If you are a licensed master's level mental health professional you are not required to submit any transcripts.  
If you are not a licensed master's level mental health professional, submit relevant official transcripts.



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## PART IV: DOCUMENTATION OF TRAINING HOURS

Complete the table below, listing the number of training hours you received from certified Trainers, Educators and Practitioners (TEPs) and Practitioner Applicants for Trainer (PATs). Indicate the number of live training hours versus the number of distance learning hours for each TEP or PAT. Also, complete the cells to indicate any waived hours (for mental health license or registration/certification or for live participation at approved conferences). **Note:** Training hours never expire. **Do not submit narratives, listings, certificates, tables or other proofs of attendance. Your primary trainer is responsible for verifying the authenticity of all training hours.**

	LIVE* TRAINING HOURS	DISTANCE LEARNING HOURS (NTE 150)
Primary Trainer (minimum 390 hours)		
Secondary Trainer		
Other TEPs		
PATs (not to exceed 160 hours)		
Licensed Master's Level Mental Health Professionals or those who are Certified or Registered in the following: ATR, DTR, MT-BC, or RDT (100 Hours Credit)		
Hours Obtained from Live Participation at AGPA, ASGPP, or NADTA local, regional, and national meetings from presenters who are neither TEPs nor PATs (maximum 100 Hours Credit)		
<b>GRAND TOTALS</b>		

\*Live training hours and practicum hours refer to traditional, in-person, in real-time, without the use of electronic media, such as Zoom, pre-recorded videos or other digital formats.



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## PART V: 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 practicum must be current and cannot be more than four years from the date of application for certification. The applicant must direct a minimum of 80 sessions (i.e., Individual, Couples, Family & Groups). A maximum of 10 sessions may be facilitated through an on-line platform. At least 41 sessions must be in-person group sessions. The applicant must obtain a minimum of 40 supervision sessions (each a minimum of 50 minutes) for these sessions (a ratio of one supervision session for every two directed sessions). A minimum of 1/2 of these supervision sessions must be provided by a TEP. Group supervision sessions must ensure that each participant has the opportunity to engage in meaningful discussion of the theory and application of psychodrama, sociometry, and group psychotherapy as it relates to their direct practice. Supervision sessions provided by Non-TEPs must be approved in advance by the primary trainer.

### **Applicants should maintain documentation of their supervised practicum experience that includes the information below:**

Describe each service (e.g., an ongoing client, or an ongoing group) or single session (a one-time event). One paragraph is sufficient information for each service. For each service provide the following information:

- Date(s) of Service
- Type of Service (e.g., individual, couple, family or group)
- Population Served
- Goals & Objectives for your work with this population, including expected outcomes
- Evaluation Measures employed to determine outcomes
- Specific psychodramatic, sociometric and other experiential methodologies (i.e., assessment and interventions) used in your work with this population. Describe how these methodologies relate to the goals and objectives of the service.
- Date of supervision and name of supervisor

**Applicants should review the documentation with their primary trainer as part of the process of completing the supervision summary. The Board reserves the right to request a copy of this documentation.**

### **A. SUPERVISION SUMMARY**

The primary trainer is responsible for verifying the authenticity of the summarized practicum and supervision hours. The primary trainer and each supervisor who provided more than five (5) supervision sessions must submit a Verification of Supervised Experience Form and be listed below in the Supervision Summary below.



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Supervisor Name and credentials	Number of Psychodrama Sessions (see 1)	Number of Supervisions Sessions (see 2)	Verification of Supervised Experience Form Completed and attached separately.
	In person Group: In person Individual or Couple: Virtual Group: Virtual Individual:		<input type="checkbox"/> Yes
	In person Group: In person Individual or Couple: Virtual Group: Virtual Individual:		<input type="checkbox"/> Yes
	In person Group: In-person Individual or Couple: Virtual Group: Virtual Individual:		<input type="checkbox"/> Yes
	In person Group: In person Individual or Couple: Virtual Group: Virtual Individual:		<input type="checkbox"/> Yes
	In person Group: In person Individual or Couple: Virtual Group: Virtual Individual:		<input type="checkbox"/> Yes
<b>TOTALS:</b>			

<b>Date that Applicant Completed initial 80 hours of training (month/year)</b>	
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1. Number of Psychodrama Sessions that the applicant directed under the supervision of this supervisor. Specify how many sessions were individual, couples or group and how many were in-person or on-line. The total must be at least 80, with no more than 10 on-line sessions and at least 41 in-person group sessions.
2. Number of Supervision Sessions (each a minimum of 50 minutes) provided by this Supervisor. The total must be at least 40.



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## PART VI: OTHER PROFESSIONAL ACHIEVEMENTS

Attach a copy of your resumé or curriculum vitae. List on separate sheets:

- (1) Achievements, Honors and Awards, Publications Unpublished Research, and Membership in Professional Societies.
- (2) Certifications and Licenses earned.
- (3) Participation in and Presentations at professional meetings and conferences.
- (4) Activities undertaken to support the psychodrama community.

## PART VII: APPLICATION ATTESTMENT

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

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Applicant Name

Applicant Signature

Date

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Primary Trainer Name

Primary Trainer Signature

Date

**ALL APPLICATION MATERIALS MUST BE RECEIVED BY JULY 15th**