

ISST CERTIFICATION REVIEWER'S CHECKLIST FORM
(APPLICATION REQUIREMENTS CHECKLIST)

Following items to be filled by the Applicant:

APPLICANT'S NAME					
EMAIL ADDRESS					
ISST MEMBERSHIP NO.					
TYPE & LEVEL OF CERTIFICATION APPLIED FOR					
Specialty Area	Individual	Group	Child-Adolescent	Couples	Auxiliary
Level	Standard	Advanced			
CERTIFICATION REQUIREMENTS					Relevant documents presented Yes / No (or as appropriate)
1	License to practice psychotherapy verified or professional association registration listed				
2	Academic credentials requirements met				
3	Training requirements completed: by program or independent course				
4	Copies of all ISST certificates for attended certification courses signed by Training Program Directors attached. <i>The Certificates (Acknowledgements) have to clearly indicate curriculum items, names of trainers, didactic and dyadic/practice/role-plays hours relevant to the Specialty Area applied for, dates when the courses started and completed, number of participants, Training Program name and year of Program's Approval as well as other compulsory items.</i>				
5	Didactic Hours required by relevant specialization were completed				
6	Dyadic/Practice/Role-Play hours were completed (maximum of 20 participants per trainer)				
7	Supervisors' confirmation of hours has been received				
8	Requirements for number of patients treated, sessions and diagnoses met				
9	Rater of session recordings (CCF's) is independent (not trainer or supervisor unless exception has been granted)				
10	STCRS summary sheet(s) received Standard Certification: 1 tape, score > 4 Advanced Certification: 2 tapes, score > 4.5				
11	STCCRS summary sheet(s) received Standard Certification: 1 CCF, score > 4 Advanced Certification: 2 CCF's, score > 4.5				
12	Date you began the certification training program:				
13	Date you completed the certification training program				
14	DATE you sent your complete application to reviewer				
<i>Following items to be filled by Reviewer and signed</i>					
I herewith confirm that all necessary documents provided and all requirements met					
Reviewer's Name					
Reviewer's signature:					
Date of Review:					

Reviewer to send this form signed (with the Application) to ISST Certification coordinator at certification@isst-schemasociety.org