



International Society of
Schema Therapy

ISST APPLICATION FORM FOR CERTIFICATION 2017

Mark the appropriate boxes for type and level

- | | |
|--|-----------------------------------|
| Individual ST <input type="checkbox"/> | Standard <input type="checkbox"/> |
| Group ST <input type="checkbox"/> | Advanced <input type="checkbox"/> |
| Couples ST <input type="checkbox"/> | |
| Auxiliary ST <input type="checkbox"/> | |

PART I: PERSONAL INFORMATION

Name & Credentials: _____

Email Address: _____

Country: _____

Licensed as Psychotherapist: YES / NO

Type of License and Number: _____

Date of License (date of renewal / expiration): _____

Note: For Auxiliary Professionals list license if applicable – e.g., Nurses

To qualify for Standard or Advanced level certification in Schema Therapy (other than Standard level Group Schema Therapy (see *Group Requirements or **Auxiliary Professional Certification requirements) a person must fulfill the following two qualifications:

1. **Academic Training:** Hold at least a Master's degree in psychology, clinical social work, psychiatric nursing, or counseling area that leads to licensing OR a medical degree with psychiatric residency (or residency equivalent if it is defined differently in that country).
2. **License / Certification for Practice:** In countries that certify / license the above professions, a person must be certified / licensed by either the government body or professional organization which grants this. If no such control exists in a country, the standard of one of the national or international professional psychotherapy organizations must be met to fulfill this requirement. If you belong to another group that is licensed or certified to practice psychotherapy in your country, please submit this information with your academic qualifications to be considered for certification application. The academic requirement is under review.

Please ask the Training & Certification Coordinator for a review by the Certification Committee which has members representing international areas if in doubt about whether you or a training applicant meets these qualifications and to have alternatives evaluated. [EMAIL](#)

I am an active Full member of the ISST since: ___ / ___ (month/year joined). **I understand that I must become a member of ISST and pay annual membership dues to be recognized as an ISST certified schema therapist.** Membership number: _____

Your Signature: _____

Date: _____

PART II: TRAINING

WORKSHOP NAME	SUBJECT(S) COVERED *	HOURS ** SPECIFY	NUMBER OF PARTICIPANTS	TRAINER(S) ***	DATE(S)
		Role-play:			
		Didactic:			
		Role-play:			
		Didactic:			
		Role-play:			
		Didactic:			
		Role-play:			
		Didactic:			
		Role-play:			
		Didactic:			

- * Please describe which modules out of the list of possible subjects/modules will be covered
- ** Only 6 hours of the didactic part of the curriculum may consist of didactics/lectures for an audience of more than 40 participants; for the dyadic/practice/role-plays part of the curriculum the maximum number of participants is 20 per trainer
- *** All trainers and supervisors must have Advanced Level Certification and must have completed a Trainers/Supervisors Seminar

TOTAL NUMBER OF HOURS COMPLETED	
Didactic Hours (minimum 25 hours)	
Supervised Role-Playing / Dyadic Practice (minimum 15 hours)	

Year you completed the training component of certification: _____

In case of an application by individual studies you must include/attach a certificate of completion for each seminar or module, signed by the trainer. If you enrolled in a full training program, the signature of the training director is sufficient to document your participation.

Year of ISST recognition of the Training program: _____

Training Director Signature: _____ **Date:** _____

PRINTED NAME: _____

PART III: SUPERVISION

20 Hours of Supervision required for **Standard Certification**

40 Hours of Supervision required for **Advanced Certification**

There is a maximum of 3-years to fulfill the supervision requirement and tape rating(s), once training is completed. Exceptions for special circumstances, i.e., health, financial, family crises, etc., that require extensions on supervision time, will have to be authorized by the ISST Training Coordinator.

NAME OF SUPERVISOR(S)	SUPERVISION HOURS (specify)
	Individual (minutes):
	Group (minutes):
	Individual (minutes):
	Group (minutes):
	Individual (minutes):
	Group (minutes):

Total number of hours of Supervision completed: _____

From: _____ / _____ (month/year)

To: _____ / _____ (month/year)

* Supervisors must be Advanced Level Certified Supervisor/Trainers in the specialty area you are applying for and registered with ISST. They must also be current in payment of dues and completing of Continuing Education and evaluation requirements when they provided supervision or training for you. This should be checked by consulting the ISST website listing of supervisors/trainers found at:

** The supervisor is required to send a brief letter of confirmation by email of the supervision hours and the number of patients that were being treated during supervision to the Training & Certification Committee member for the region in which you practice.

PART V: COMPETENCY RATING SCALE

NAME OF RATER(S)	RATING SCORE	DATE OF RATING	DIAGNOSIS / MODES

*Each rater must be an independent supervisor (not the training supervisor), preferably one who does not know the applicant well, and must send confirmation of the score, along with the summary sheet from the STCRS form, by email to the regional representative. The tape must show a whole therapy session.

Standard Certification – 1 Audio or Video taped session must be rated, with a minimum STCRS score of 4. The patient must be one who is appropriate for Schema Mode work due to complication, chronicity, failure to respond to treatment, or relapse.

Advanced Certification – 2 Audio or Video taped sessions of 2 different patients must be rated by 2 different raters with a minimum STCRS score of 4.5 for each one. One patient must have a personality disorder or significant personality disorder features and the second patient the same, or be appropriate for Schema Mode work due to complication, chronicity, failure to respond to treatment, or relapse. Applicants at this level are expected to demonstrate competence with both the overcompensating modes and the avoidant / surrender modes.

A case conceptualization form must accompany each session, along with a brief summary of the session that the rater is going to listen to or view. This must also be sent with your certification application in your native language as it will go to the rater of your country.

Your Signature: _____

Date: _____

PRINTED NAME: _____