

Trainer Consultant Application

Personal Information

First Name: Last Name:

Address:

City: State: Zip:

Country:

Degree Information

Primary Language(s):

Prof. Degree: Date of Degree:

Institution Granting Degree:

License Information (If Applicable)

License Type	License Number	State(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachments: Please upload an updated copy of your license with this application.

Behavioral Health Specialities

- | | | |
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| <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Child & Adolescent Mental Health | <input type="checkbox"/> Chronic Pain Management |
| <input type="checkbox"/> Couples Therapy | <input type="checkbox"/> Depression and Mood Disorders | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Obsessive-Compulsive Disorder (OCD) | <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Sleep Disorders | <input type="checkbox"/> Substance Abuse and Addiction | <input type="checkbox"/> Trauma-Informed |

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Eligibility Questions

Have you been a Certified Diplomate of A-CBT for at least 5 years?

Yes No

Please list the date you were first Certified by A-CBT:

Have you attended a minimum of five (5) hours CBT trainings this year?

Yes No

Professional Liability Information

Name of Carrier:

Skip if you have liability through your employer/agency.

Policy Number:

Skip if you have liability through your employer/agency.

Professional Liability Questions

Has your professional liability insurance ever been terminated by action of any insurance company?

Yes No

Have you ever been denied professional liability insurance coverage or been rated at a higher than average risk class for your specialty?

Yes No

Has your present professional liability insurance carrier excluded any specific procedures or events from your coverage?

Yes No

Have any professional liability suits or claims ever been filed against you?

Yes No

Have any professional liability suits or claims been filed against you which are presently pending?

Yes No

Have any judgements or settlements been made against you in professional liability cases?

Yes No

Have any actions ever been initiated or are there any pending against you by any state licensing board?

Yes No

Has your license to practice in any state ever been denied, limited, suspended?

Yes No

Has your license to practice in any state ever been sanctioned, revoked, voluntarily or involuntarily relinquished, or not renewed?

Yes No

If you answered "Yes" to any of the above, please explain how the case was dispensed.

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Professional Liability Questions (Cont.)

Have you ever been the subject of an investigation by any private, federal or state agency concerning your participation in any private, federal or state health insurance program?

Yes No

If applicable, have your narcotics registration certificates ever been limited, suspended, or revoked, voluntarily or involuntarily surrendered, or not renewed?

Yes No

Has your license to practice in any state ever been sanctioned, revoked, voluntarily or involuntarily relinquished, or not renewed?

Yes No

If you answered "Yes" to any of the above, provide a full explanation of the details of your case.

If applicable, is your federal and/or state narcotics registration certificate being challenged?

Yes No

Have you been convicted of a felony?

Yes No

Have your employment, medical staff appointment or clinical privileges ever been voluntarily or involuntarily suspended, diminished, revoked, limited or not renewed at any health care facility?

Yes No

Have you ever withdrawn your application for appointment, reappointment, clinical privileges, or resigned from the medical staff of any health care facility before a decision was made by its governing board?

Yes No

Have you ever been the subject of disciplinary proceedings at any hospital or health care facility?

Yes No

Have you ever been denied membership or renewal thereof, or been subject to disciplinary or adverse action in any medical or professional organization?

Yes No

Letters of Recommendation

Your application requires a letter of recommendation from a past Clinical Supervisor in CBT supervision and from a current or former supervisee. Please indicate which ones you have included in your application below.

Included: Recommendation Letter from Clinical Supervisor Recommendation Letter from Current or Former Supervisee

**** Please note that your Letter of Recommendation must be submitted in .pdf format and include the details of the person submitting the letter - i.e. name, date, signature, etc. We do request that all letters of recommendation clearly disclose the relationship between the applicant and the person(s) offering the recommendation.*

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Clinical Training Experience

Please list the beginning date of your CBT trainings:

Please estimate the number of hours you've spent on CBT Trainings:

Please identify the training format(s) of your CBT Trainings & Related Experience:

- Supervision/
Consultation Didactic Workshop College Course or
Seminar Intramural or
Extramural
Training Program

If other, provide an explanation of the CBT Training you experienced.

Please provide a general description of the CBT trainings you have completed.

Please describe any relevant additional CBT training and/or experience you've undertaken.

Clinical Training Experience (Cont.)

Have you attended a minimum of 20 hours of Supervision training?

Yes No

Please describe the Supervision training and list any relevant details about your experience.

Your application requires you to include a personal supervisory model based on CBT principles. The supervisory model should be no more than 2,500 words and shall include citations. *Please include this as an attachment to your application.*

Included: Personal Supervisory Model Supervisory Model Citations

Payments & Attachments

Have you included a copy of your license to this application?

Yes No

Please list your original date of licensure:

Please indicate any additional attachments you have included in your application.

Included: Recommendation Letter from Clinical Supervisor Recommendation Letter from Current or Former Supervisee
 Personal Supervisory Model Supervisory Model Citations
 Copy of Training Certificate(s) (Not Required) CV / Resume (Not Required)

Declaration:

By submitting this application, you agree to a \$450 payment, plus processing fees, via Credit card payable to the Academy of CBT.

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Signature

By submitting this application, I confirm that the information provided is accurate, and I understand that any false statements may disqualify me from Certification and Membership with A-CBT.

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Signature