

# APPLICATION FORM



## APPLICATION FOR CERTIFICATION AS A COGNITIVE BEHAVIOURAL THERAPIST

Please see full details of definition of 'CBT', assessment criteria, spreadsheets to complete for client log, supervisor form and application steps at the following link. [Click here.](#)

It is the applicant's responsibility to provide clear and detailed information supporting the requirements below and to provide as much detailed supporting documentation as possible. The assessment panel will not enter into discussion with the applicant or seek further information if there is missing information. The application fee (\$30 NZD) will be charged whether or not the application is successful. This approach is taken so as to keep application costs as low as possible.

Your application will be assessed by a panel from ANZACBT using the following criteria:

- 1) Holds a relevant undergraduate or postgraduate degree.
- 2) Has completed substantial supervised postgraduate CBT training (at least 180 hours of workshop-style training over a maximum of 3 years).
- 3) At least 50 hours of supervised CBT practice following CBT training.
- 4) Works clinically for a minimum of .4 FTEs per week.
- 5) Has an appropriate CBT supervisor.
- 6) Regular CBT supervision (minimum of once a month). Peer supervision alone is not regarded as sufficient for certification. If a combination of individual and peer supervision is used, individual supervision should occur monthly for new graduates and at least every 6 weeks for more experienced CBT therapists.
- 7) Clinical Experience Log of 50 sessions (see spreadsheet), verified by supervisor.
- 8) Evidence of CBT adherence based on viewing a session, signed by supervisor.
- 9) Documentation of cultural supervision and training.
- 10) Membership of ANZACBT.
- 11) Professional membership of an organisation with clear auditing processes.

a) Date of Application :

b) Applicant Name :

First Name

Last Name

(Please attach evidence of change of name if this differs from any of the documentation submitted).

c) Ethnicity:

Iwi Affiliation (if any)

**d) Email Addresses :**

### Preferred Email

## Secondary Email

**e) Full Postal Address and Post Code:**

**f) Preferred Phone Number (with area code if landline):**

### Area code

**Phone Number**

**g) Professional Qualifications (List ALL relevant tertiary qualifications) (e.g. Masters in Social Work); the name and place of the institution where you completed them and year of completion).**

## Qualification

Institution

**Year Completed**

**h) Professional Body or affiliated organisation (Name of organisation, membership/registration number and annual practising certificate expiry date).**

i) Full details regarding relevant CBT postgraduate university training completed (Name of course, duration of course, number of hours of workshop-style teaching, date completed, course content). Please include copies of course objectives, content and assessment methods with your application.

Training Provider	Qualification	Date	No. of Hours

j) Cultural training completed in the past three years (Name, duration and date of course. This may be specific training or included in other training).

Course	Duration	Date	Training Provider

k) Specific ways you incorporate bicultural principles in your clinical practice.

l) Additional CBT training undertaken in the past two years.

Name Of Course	Duration	Date	Training Organisation

m) Supervision: Please ensure you submit the supervisor form, signed by your supervisor when you submit this application.

n) Current clinical hours of work per week (FTE's) :

o) Current ANZACBT membership :

YesNo

I have checked that I have answered every question as fully as possible.

YesNo

I have paid the \$30 NZD application fee to  
ANZACBT 12 3083 0580 453 00, using my name as  
a reference.

Yes

☐

No

☐

I verify that the above is true and correct. I have completed all sections above as fully as possible.

Signature

Date

## CHECKLIST

Checklist of documents to attach (where available):

- ☐ Name change documentation (if relevant)
- ☐ Academic Record(s) (required)
- ☐ Further evidence of professional qualifications (e.g. degree certificate)
- ☐ Details of CBT course content (e.g course objectives/ outline/ assessment methods)
- ☐ Details of CBT supervision hours during PG training (e.g. terms requirements)
- ☐ Documentation of membership of professional organisation (e.g. current annual practicing certificate)
- ☐ Evidence of ongoing recent CBT training
- ☐ Clinical Experience Log (50 sessions) (required)
- ☐ Copies of relevant postgraduate course requirements/ content
- ☐ Cultural training documentation (e.g. certificates/ course notes/ attendance record)
- ☐ Supervision form for CBT certification application (required)

Please email this completed form along with the above attachments to: [web@cbt.org.nz](mailto:web@cbt.org.nz)

THANK YOU FOR YOUR APPLICATION