

SUPERVISOR FORM



SUPERVISOR FORM FOR CBT CERTIFICATION APPLICATION

Supervisor full name :

Supervisee name :

Supervisor contact email :

Supervisor contact phone number :

Supervisor profession :

Supervisor qualifications :

Supervisor postgraduate training in CBT (Can include: PG Dip, PG Dip Clin Psych & workshops) :

Supervisor years of experience using cognitive behaviour therapy : years

Does the supervisor have a minimum of 100 hours of CBT practice with clients?

Yes

No

Is the supervisor certified under ANZACBT? (not required)

Yes

No

Does the supervisor receive regular clinical supervision? (at least monthly)

Yes

No

Supervision frequency with applicant (minimum required is monthly) :

Date supervision commenced :

Does the supervisor verify the Clinical Experience Log, documenting 50 hours of therapy (NB: 50 sessions, not 50 different clients) ?

Yes

No

Has the supervisor viewed at least one session of the applicant's work (in person, on video or audio recording) and thus able to verify that the applicant is using a structured CBT approach (based on the Cognitive Therapy Scale -Revised scales) ?

Yes

No

Supervisor
signature

Date