



International Society of
Schema Therapy

Application Form for Certification 2019

IMPORTANT: To fill this form correctly please read carefully the instructions at the end of the document and type your responses into empty boxes next to each item. Your responses should be typed in the appropriate boxes and not handwritten.

1. APPLICANT'S DATA

Name (as you want it on your certificate):	
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Applying for:

Specialty Area	Individual	Group	Couples	Child-Adolescent	Auxiliary
Certification Level	Standard	Advanced		Trainer/Supervisor *	

ISST Membership	Membership Type	ISST Membership Number	Date joined ISST
Email Address:			
Country:			
Academic Credentials *	Degree	Discipline/subject	Year awarded
Licensed as a Psychotherapist according to ISST definition	Type of License and Number:		Date of renewal / expiration if applicable:
If your country does not issue licenses, insert here the name of the national professional organization you are registered with:			
If you are already Certified in one of the Schema Therapy Specialties please indicate the specialty type and level of Certificate, its number and date of issue:			

5. EVALUATION OF SESSIONS RECORDINGS AND CASE CONCEPTUALIZATIONS

Name of Rater	STCRS Score	STCCRS Score	Date of Rating	Diagnosis(es) or Modes

I herewith confirm that all statements on the application are accurate and I agree to abide by the requirements and conditions of ISST certification at the level I am granted. I understand that I must be a full member of ISST, continue education and training in ST and pay annual membership fees on time to maintain my status as an ISST certified schema therapist.

Date:

Signature:

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List of attachments. *Please fill the following table and check if you attached all necessary copies of documents to support your Application.*

#	Item	Attached (V)	Number of pages
1	<i>Diplomas & Degrees</i>		
2	<i>Licenses</i>		
3	<i>ISST Workshop Certificates (Acknowledgements)</i>		
4	<i>Supervisor(s) confirmations</i>		
5	<i>Rating Summaries</i>		
6	<i>Letters of extensions granted</i>		
7			
		<i>Total pages:</i>	

Please email this form and Checklist and copies of your degree(s)/certificates and other relevant documents (see section 1 in Instruction Guide) to the reviewer (coordinator) listed for your country or region on the ISST website www.schematherapysociety.org on Certification page

Instruction Guide for ISST Schema Therapy Certification Application Form

IMPORTANT:

1. Please save Application files as
first name_last name_Application_level of certificate_specialty.pdf
Example: *Dean_Reed_application_standard_individual.pdf*
2. Please save Checklist files as
first name_last name_checklist_level of certificate_specialty.doc (or *.docx*)
Example: *Lean_Green_checklist_standard_group.doc* (or *.docx*)

1. APPLICANT'S DATA

Full membership of ISST is a requirement if applying for ISST certification. Your membership number and date you joined the ISST should be provided in the appropriate boxes.

Tick or mark "X" in appropriate boxes to specify Specialty Area and Level of Certification you are applying for.

Membership

To qualify for Standard or Advanced level certification in Schema Therapy (other than Auxiliary Professional Certification – see requirements on the ISST website) 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 a counseling area that leads to licensing; or a medical degree with psychiatric residency (or residency equivalent if it is defined differently in your country).
2. License or certification for practice: In countries that certify or license the above professions, a person must be certified or licensed by either the government body or recognized 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 before applying to be considered for ISST certification.. If your country has a specific qualification it must be met (e.g. UK)

Please attach copies of your degree(s), diplomas, licenses, certificates and other relevant documents in support of the qualifications mentioned above.

N/a

If you have any doubt as to whether you meet any of the qualifications, ask the Certification Coordinator for a review before applying for certification.

2. TRAINING COMPONENT

3 years

Please write the date when you attended the first certification training workshop/module and the date when you completed the required curriculum. (Workshops or

lectures that are not part of an ISST approved certification training program do not count as the date you began.) Only ISST approved Certification training program sessions count towards Certification.

In the table please list and describe the modules or identify the full certification program you attended. All necessary information should be found in the Certificate (Acknowledgement) you received on completion of a particular module or the whole program. Please attach a Certificate (Acknowledgement) of completion for each workshop or module, which must include: signatures of the ISST Certified Trainers/Supervisors and Director of the ISST Approved Training Program, name of the ISST Approved Training Program and the date of its approval.

Make sure you meet minimum hours' requirement according to your specialization both in didactic and dyadic/practice/role-plays parts of the curriculum as it is described on the ISST website.

Please list **only** courses relevant to the specialization you are applying for (e.g., Individual, Group).

Certificates must be issued by the certified Training Programs. All Trainers and Supervisors must be ISST certified Trainers/Supervisors, affiliated with the approved training program and be active members of ISST (i.e. membership fees are current).

Important: For the dyadic/practice/role-plays part of the curriculum the maximum is 20 participants per one trainer. !2 didactic hours may take place in a group of more than 20.

3. SUPERVISION

Supervisors are required to send a brief letter of confirmation by email of the supervision hours and the number of patients that were treated during supervision directly to the Certification Reviewer for the region in which you practice and copy.

All hours in the table must be converted individual hours if group supervisions took place. You can find the formula for making the conversion on the ISST website.

There is a minimum of 1 year and maximum of 3 years to fulfill the supervision requirements and rating(s) of recordings/videos, once training is completed. Requests for exceptions for special circumstances, i.e., health, financial, family crises, etc., that require extensions on supervision time, must be submitted to the ISST Training Coordinator before application. Please apply for such exceptions well in advance of your application, so it's not last minute in case you do not qualify for the ISST definition of allowed exceptions.

Supervisors must be ISST approved, advance level certified supervisor-trainers in the specialty area you are applying for. They must be current in payment of membership fees, and completion of the Continuing Education requirement at the time they provided supervision or training for you. This should be checked by you by consulting the ISST website listing of supervisor-trainers www.schematherapysociety.org.

4. TREATMENT HOURS AND NUMBER OF CASES

Total amount of treatment hours/diagnoses must be in compliance with the certification requirements in the specialization you are applying for.

I.e. in Individual ST:

Standard certification - at least 2 cases of minimum 25 sessions and 80 sessions in total. One patient with a personality disorder or significant personality disorder features and one patient who is appropriate for Schema Mode work due to complication, chronicity, failure to respond to treatment or relapse.) For specialty certifications consult the requirements listed.

Advanced certification — at least 4 cases of minimum 25 sessions and 160 sessions in total (One patient with a personality disorder or significant personality disorder features and the remainder patients who are appropriate for Schema Mode work due to complication, chronicity, failure to respond to treatment or relapse.) For specialty certifications consult the requirements listed.

5. COMPETENCY RATING SCALE

The rater(s) must be an independent supervisor (not the trainer or training supervisor), preferably one who does not know the applicant well

STCRS Score - Schema Therapist Competency Scale rating result

STCCRS Score - Schema Therapy Case Conceptualization Rating Scale rating result

The rater must send confirmation of the scores, along with the summary sheet from the STCRS form and the completed STCCRS form by email directly to the regional representative. The audio or video recording must show a whole therapy session.

Standard certification requires a score of 4.0 or higher. Advanced certification requires a score of 4.5 or higher on both recordings. For the Advanced level, one recording must demonstrate competence with the Avoidant/Surrender Coping modes and the other with the Overcompensating Coping modes. For Standard certification either style is acceptable.

A case conceptualization form must accompany each session to be rated, along with the session summary form for the session to be rated.

The completed Application form must be signed by the applicant. Scan the signature page or use facsimile signature and attach it to the PDF file. The whole application must be in a single file.

Complete the Checklist and save as Word file.

Application, Checklist and all other required documents must be sent to your regional certification coordinator.