

EUROPEAN ASSOCIATION FOR INTEGRATIVE PSYCHOTHERAPY



APPLICATION FORM FOR ACCREDITATION OF THE CONVERSION PROGRAM IN INTEGRATIVE PSYCHOTHERAPY

Please print in capital letters the contact information below

Name of organisation: _____

Address of organisation _____

Telephone: _____

Website: _____

Name of person signing application: _____

Position within organisation: _____

Email: _____

Signed: _____ Date: _____

General information

Name of organisation (in your native language and in English): _____

Name of the course: _____

Has your organisation been accredited by the EAIP? Yes/ No (please note that only EAIP accredited organisations can apply for accreditation of conversion training programmes. If your organisation is not accredited by the EAIP, you can apply to become an accredited member).

How many trainees do you currently have in the conversion training programme?

How long has your conversion training programme been in existence?

What are the fees and payment structure for the conversion training programme?

Has your conversion programme in integrative psychotherapy been accredited by a National Awarding Organisation?

Staffing on the course:

a. Director/ leader of integrative conversion training course (include qualifications)___

b. Names and qualifications of principal trainers on the course:

Description of the integrative psychotherapy conversion programme:

a. Briefly describe the integrative philosophy that informs your integrative psychotherapy conversion programme _____

b. Give an overview of the course curriculum indicating how the following areas are included in your overall structure:

1. Common factors in psychotherapy

2. Relational psychotherapy

3. Human development - an integrative perspective

4. Specific models of integration

5. Case conceptualization in an integrative manner

6. An understanding of different psychotherapeutic approaches

7. An integrative theory of change

8. An integrative theory on psychopathology

9. Integrative assessment and intervention

10. Practical training

Course requirements

a. How long (in hours) is the taught component of your course?

b. What are the requirements for supervision in your conversion program and who provides this supervision? _____

c. What is the requirement for personal psychotherapy on your conversion program, and who provides this psychotherapy?

d. What are the entry requirements for your conversion program (is it understood that the conversion program is designed for individuals already trained at an ECP level in another psychotherapeutic modality?)

e. How many hours of psychotherapy practice does a trainee need to have completed at the point of qualification/ accreditation?

Final Assessment procedures

a. How is the theoretical component of the conversion programme assessed in the final assessment?

b. How is the practical/ clinical component of the conversion programme assessed in the final assessment?

c. Who is involved in both these assessment procedures? Please indicate how external assessment is included in this process:

PLEASE USE THIS SPACE TO GIVE ANY ADDITIONAL INFORMATION ABOUT YOUR ORGANISATION WHICH YOU FEEL MAY BE RELEVANT

FOR COMPLETION BY EAIP

Application received by	
Date of receipt of application	

Action required/taken	

Please note

The completed application form in PDF format must be sent by e-mail to Andra Rampu, EAIP secretary, email address: andra@euroaip.eu

The completed application form should be sent with a confirmation of a bank transfer of **450 Euro**. Fees may be transferred electronically as follows:

Name of Bank account European Association for Integrative Psychotherapy
Bank address Permanent TSB, Old Butterfield Avenue, Rathfarnham, Dublin 14
IBAN IE91 IPBS 9906 4272 2425 44
BIC IPBSIE2D

The EAIP reserves the right to make such additional enquiries, orally or in writing, as may be necessary.