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25 East 21st Street, 6th Floor  
New York, N.Y. 10010 (212) 477-1600

**A Professional  
Certification for a  
Standard of Excellence**

Offered by the  
National Registry  
of  
Certified Group Psychotherapists

Toll Free: (877) 668-AGPA (2472) Fax: (212) 979-6627  
E-mail: [info@agpa.org](mailto:info@agpa.org) Website: [www.nrcgp.org](http://www.nrcgp.org)

## INSTRUCTION GUIDELINES FOR COMPLETING ELIGIBILITY FORM

The information provided on the Eligibility Form and the accompanying Supervision Verification Reference Forms and Group Psychotherapy Colleague Reference Forms will be used to determine your eligibility for inclusion in the National Registry of Certified Group Psychotherapists. Please read these instructions carefully **BEFORE** completing the application and please type or print.

### ELIGIBILITY REQUIREMENTS

Registry eligibility requires both general clinical credentials and specific group psychotherapy credentials.

**Clinical credentials** include a graduate degree and the highest state clinical licensure and/or clinical membership/certification in designated national professional organizations as further described below.

**Group psychotherapy credentials** include group psychotherapy education, experience, supervision, and references.

**A. CLINICAL CREDENTIALS:** This section establishes your credentials as a clinician.

1. Identifying Information

Name must be listed as it appears on your license or membership/certification.

2. Education

List all graduate degrees. A minimum of a Master's degree in a clinical mental health field or related health field is required.

If you are a physician, please complete information on your residency training program in psychiatry.

3. Clinical Discipline

If you have advanced degrees in more than one discipline, please list the primary one for which you are licensed or certified to practice as a clinical mental health professional in your state.

4. State Licensure

Most states now regulate clinical practice with discipline licensure. *You must have the highest level license available for your discipline in your state. A copy of your current license must accompany this application.*

5. Membership/Certification in National Professional Organizations

This section is only for use by applicants for whom discipline licensure is not available.

*If licensure is not available in your state or if you reside outside of the United States, membership or certification at the highest clinical level in designated national professional organizations may be used to verify credentials as a clinical mental health professional for the purposes of this Registry. Proof of your clinical membership/certification must accompany this application.*

**DOCUMENTATION BY DISCIPLINE:** Please refer to your specific professional discipline listed below for required clinical credential documentation. Please note that membership/certification in national professional organizations is only for use by applicants for whom discipline licensure is not available. *In states where licensure is applicable, required documentation will be a copy of your current license.*

**PSYCHIATRISTS:**

State licensed to practice medicine

**AND**

Completion of an APA approved residency training program in psychiatry

**PSYCHOLOGISTS:**

State licensed at the highest level

**SOCIAL WORKERS:**

State licensed at the highest level

**NURSES:**

State licensed to practice as a Registered Nurse

**AND**

Registration or license by the State Board of Nursing at the highest level as a Clinical Nurse Specialist/Advanced Nurse Practitioner in Psychiatric/Mental Health Nursing

**Documentation Required:** Copy of State Board of Nursing authorization to practice

**OR**

American Nurses Credentialing Center: Certification as a Clinical Specialist in Adult or Child and Adolescent Psychiatric and Mental Health Nursing

**Documentation Required:** Copy of certification certificate and recertification (if applicable)

**MARRIAGE AND FAMILY THERAPISTS:**

State licensed at the highest level

**OR**

American Association of Marriage and Family Therapists: Clinical Member

**Documentation Required:** Letter of verification of active Clinical Member status from AAMFT

**ALCOHOLISM AND DRUG ABUSE COUNSELORS:**

State licensed at the highest level in one of the disciplines recognized by the Registry

**OR**

National Association of Alcoholism and Drug Abuse Counselors: Master Addiction Counselor

**Documentation Required:** Copy of certification certificate

**CLINICAL MENTAL HEALTH COUNSELORS:**

State licensed at the highest level

**OR**

National Board of Certified Counselors: Certified Clinical Mental Health Counselor

**Documentation Required:** Letter of verification of active CCMHC credential from NBCC

**CREATIVE ARTS THERAPISTS:**

State licensed at the highest level in one of the disciplines recognized by the Registry

**OR**

American Art Therapy Association: Art Therapist Registered-Board Certified

**OR**

American Music Therapy Association  
Music Therapist Board Certified (with Creative Arts Master's Degree)  
Advanced Certified Music Therapist

**OR**

American Dance Therapy Association: Dance Therapist Registered or Academy of Dance Therapists Registered

**OR**

American Society of Group Psychotherapy and Psychodrama: Board Certified Practitioner or Board Certified Trainer, Educator and Practitioner

**OR**

National Association for Drama Therapy: Registered Drama Therapist

**OR**

National Association for Poetry Therapy: Registered Poetry Therapist

**Documentation Required:** Copy of certification certificate and recertification (if applicable) for any of the above creative arts credentials

**PASTORAL COUNSELORS:**

State licensed at the highest level in one of the disciplines recognized by the Registry

**OR**

American Association of Pastoral Counselors: Fellow or Diplomate

**Documentation Required:** Copy of current membership

**SCHOOL PSYCHOLOGISTS:**

State licensed at the highest level or in one of the disciplines recognized by the Registry

**OR**

National Association of School Psychologists:  
National Certified School Psychologist

**GROUP THERAPISTS:**

State licensed at the highest level in one of the disciplines recognized by the Registry

**OR**

American Group Psychotherapy Association: Clinical Member or Fellow

**Documentation Required:** None

**INTERNATIONAL APPLICANTS:**

For clinicians residing outside the United States, if you do not meet one of the memberships/certifications listed above, please contact the Registry office.

## B. GROUP PSYCHOTHERAPY CREDENTIALS

### 1. Group Psychotherapy Education:

Required: Completion of 12 clock hours of study in group psychotherapy theory and practice. Applicants may meet this requirement through one 12-hour course, or through multiple workshops, graduate courses and/or training program segments. The following content areas should have been covered within the 12 hours of coursework:

foundations of group psychotherapy, the group leader, group dynamics and group process, and the change process in groups. Please list the course(s) which covered these areas (total time must equal at least 12 hours), date(s), instructor(s), and sponsoring organization(s), training program(s) or schools(s). Verification of completed coursework will be affirmed by applicant's signature on applicant statement.

### 2. Group Psychotherapy Experience: *Refer to Section C for waivers*

Required: 300 hours of group psychotherapy experience as a leader or co-leader accrued during or following clinical graduate training.

Definition: To qualify as **group psychotherapy experience**, the groups must be clearly for the purpose of providing psychotherapy services to designated client/patient populations for valid mental disorders listed in DSM-IV. Family therapy (unless multi-family groups), peer groups, self-help groups, training groups, and any groups that are not clearly designated to provide psychotherapy services to designated clients/patients do not qualify. Please list only those groups that meet the above definition.

As hours are a determinant, please list carefully the dates groups began and ended and the hours accumulated for each group. For ongoing groups, write "ongoing" with today's date in lieu of the ending date. Only 300 hours of group psychotherapy experience must be listed, not all groups in which you have been a leader or co-leader.

### 3. Group Psychotherapy Supervision: *Refer to Section C for waivers*

#### a. **Supervision: Requirements and Definition.**

Required: 75 hours of group psychotherapy supervision accrued during or following clinical graduate training.

Definition: To qualify as **group psychotherapy supervision**, such supervision must have occurred with an approved group psychotherapy supervisor in either an individual or group format and must have involved the regular presentation of group psychotherapy clinical material.

As supervision hours are a determinant, please list carefully the dates such supervision began and ended and the hours accumulated for each supervision experience. Only 75 hours of group psychotherapy supervision must be listed.

#### b. **Approved Group Psychotherapy Supervisor: Requirements and Definition.**

Required: All group psychotherapy supervisors who are listed under the 75 hour group psychotherapy supervision requirement must fill out a Supervision Verification Reference Form with the exception of the specific situations listed under Section B4.

Definition: To qualify as an **approved group psychotherapy supervisor**, the supervisor must be a group psychotherapist who is listed, or is eligible for listing, in the National Registry of Certified Group Psychotherapists and who has a total of 600 hours of group psychotherapy experience. This requires an additional 300 hours beyond Registry eligibility standards. Verification of supervisor qualifications will be affirmed by supervisor signature on the Supervision Verification Reference Form.

### 4. Group Psychotherapy Reference Forms: *Refer to Section C for waivers*

Required: All applicants must submit a minimum of two completed reference forms with the application.

The Registry will use two types of reference forms to meet this requirement: the **Supervision Verification Reference Form** and the **Group Psychotherapy Colleague Reference Form**. **Supervision Verification Reference Forms** are completed by applicant's group psychotherapy supervisors. **Group Psychotherapy Colleague Reference Forms** are completed by colleagues who are practicing group psychotherapists and are familiar with applicant's group psychotherapy skills. Please note that family members may not be used on either type of reference form.

Applicants are required to submit completed **Supervision Verification Reference Forms** for all supervision used to meet the 75 hour group psychotherapy supervision requirement with the following exceptions:

In those cases where a single group psychotherapy supervisor has provided the 75 hours of group psychotherapy supervision, applicant may substitute a **Group Psychotherapy Colleague Reference Form** for the second reference.

In those cases where applicant cannot locate one or both supervisors, **Group Psychotherapy Colleague Reference Forms** may be substituted provided applicant states, on the Eligibility Form, the reasons supervisor(s) is not reachable.

### C. WAIVERS

- Current **Clinical Members and Fellows** in good standing of the American Group Psychotherapy Association (AGPA) who qualify for Registry acceptance under Section A: Clinical Credentials will be exempt from completing Sections B3-5, Group Psychotherapy Experience and Supervision, including the provision of references.

Note: This waiver does not apply to AGPA Associate Clinical and Adjunct Members.

- Applicants with 10 or more years of group psychotherapy experience following completion of clinical graduate training will be exempt from listing group psychotherapy supervision hours in Section B4; please indicate the number of years of practice in Section B5 and submit two completed Group Psychotherapy Colleague Reference Forms to meet Registry reference requirements.

### D. PROFESSIONAL LIABILITY INSURANCE

The National Registry of Certified Group Psychotherapists requires that you submit a current copy of your professional liability insurance certificate (not the policy). Please be aware that most third party reimbursers require verification that clinical providers have liability coverage.

### E. RECERTIFICATION

The Registry will require a recertification process every two years. Eighteen (18) hours of continuing education in group psychotherapy will be a requirement for recertification as well as active state licensure and/or active clinical membership/certification status with designated national professional organizations. Detailed information will be forwarded upon Registry acceptance.

### F. APPLICANT'S STATEMENT

Please read the statement carefully before signing.

### G. GROUP PSYCHOTHERAPY PRACTICE PROFILE

The Practice Profile will be used to describe your current group psychotherapy practice in the Registry. In combination with your clinical credentials, this profile will identify you to users of the Registry. Please be sure to select no more than four items from each section.

### H. FEE

Certification Fee: \$420.00

Current AGPA Members receive discount fee: \$295.00

Payment may be made by check or money order (payable to NRCGP in U.S. dollars) or by Visa, Mastercard or American Express (be sure to provide card number, expiration date and your signature).

50% of the amount paid is a non-refundable processing fee.

**Please note that this is a one time, initial fee; there will be a nominal fee for recertification every two years.**

The completed Eligibility Form and Reference Forms must be returned accompanied by the appropriate fee to:

National Registry  
of  
Certified Group Psychotherapists  
c/o Chase Manhattan Bank  
Church Street Station  
P.O. Box 6359  
New York, NY 10249-6359

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Source: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved by: \_\_\_\_\_

**ELIGIBILITY FORM**

The information provided on this form provides the basis for determining your eligibility for inclusion in the National Registry of Certified Group Psychotherapists. Section A establishes clinical credentials and Section B establishes group psychotherapy credentials. **Refer to the Instruction Guidelines BEFORE completing this form.** Please type or print.

**A. CLINICAL CREDENTIALS**

**1. IDENTIFYING INFORMATION**

Please list your name as it appears on your license or membership/certification; this is how your name will be listed in the Registry.

Name \_\_\_\_\_  
first middle initial last degree

Please list your addresses and indicate preferred address for Registry listing.

Office Address: \_\_\_\_\_  
Zip Code \_\_\_\_\_

Home Address: \_\_\_\_\_  
Zip Code \_\_\_\_\_

Telephone: Office: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_  
Office: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Gender:  Male  Female Date of Birth \_\_\_\_\_

How did you learn about the National Registry of Certified Group Psychotherapists?  
\_\_\_\_\_

**2. EDUCATION**

List all graduate degrees. A minimum of a Master's Degree in a clinical mental health field or related health field is required.

College/University \_\_\_\_\_ State \_\_\_\_\_  
Degree \_\_\_\_\_ Date Begun \_\_\_\_\_ Date Earned \_\_\_\_\_  
Major Field of Study \_\_\_\_\_

College/University \_\_\_\_\_ State \_\_\_\_\_  
Degree \_\_\_\_\_ Date Begun \_\_\_\_\_ Date Earned \_\_\_\_\_  
Major Field of Study \_\_\_\_\_

**For Physicians**

Required: APA Approved Residency Training Program in Psychiatry

List Program and Location \_\_\_\_\_

Date of Completion \_\_\_\_\_

**3. CLINICAL DISCIPLINE: Please indicate your primary discipline.**

- Psychiatrist       Marriage and Family Therapist       Pastoral Counselor       Other: \_\_\_\_\_
- Psychologist       Alcoholism and Drug Abuse Counselor       School Psychologist
- Social Worker       Clinical Mental Health Counselor       Group Therapist
- Nurse       Creative Arts Therapist       International Applicant

4. STATE LICENSURE

Primary discipline licensure at the highest level available in your state is required. If no discipline licensure is available in the state where you practice, proceed to Section 5. **ALL APPLICANTS MUST INCLUDE A COPY OF LICENSE AND/OR APPLICABLE CURRENT RENEWALS.**

Title of License \_\_\_\_\_  
State \_\_\_\_\_ Expiration Date \_\_\_\_\_ License No. \_\_\_\_\_

5. MEMBERSHIP/CERTIFICATION IN NATIONAL PROFESSIONAL ORGANIZATION

This section is only for use by applicants for whom state discipline licensure is not available.

List only the designated organization for your discipline as referred to in the Instruction Guidelines, Section A5. **DOCUMENTATION VERIFYING CLINICAL MEMBERSHIP/CERTIFICATION IS REQUIRED.**

Organization \_\_\_\_\_  
Level of Membership/Certification \_\_\_\_\_  
Membership/Certification No. (if applicable) \_\_\_\_\_ Renewal Date \_\_\_\_\_

**B. GROUP PSYCHOTHERAPY CREDENTIALS:** Refer to Instruction Guidelines, Section C, for waivers.

1. GROUP PSYCHOTHERAPY EDUCATION

Required: Completion of 12 clock hours of study in group psychotherapy theory and practice which covered content areas such as foundations of group psychotherapy, the group leader, group dynamics and group process, and the change process in groups. Requirement may be met through one 12-hour course or multiple courses totaling 12 clock hours.

Title of Course \_\_\_\_\_  
School/Training Program/  
Sponsoring Organization \_\_\_\_\_  
Instructor \_\_\_\_\_ Date(s) \_\_\_\_\_  
TOTAL GROUP EDUCATION HOURS \_\_\_\_\_

Title of Course \_\_\_\_\_  
School/Training Program/  
Sponsoring Organization \_\_\_\_\_  
Instructor \_\_\_\_\_ Date(s) \_\_\_\_\_  
TOTAL GROUP EDUCATION HOURS \_\_\_\_\_

Title of Course \_\_\_\_\_  
School/Training Program/  
Sponsoring Organization \_\_\_\_\_  
Instructor \_\_\_\_\_ Date(s) \_\_\_\_\_  
TOTAL GROUP EDUCATION HOURS \_\_\_\_\_

Title of Course \_\_\_\_\_  
School/Training Program/  
Sponsoring Organization \_\_\_\_\_  
Instructor \_\_\_\_\_ Date(s) \_\_\_\_\_  
TOTAL GROUP EDUCATION HOURS \_\_\_\_\_

**GRAND TOTAL GROUP EDUCATION HOURS** \_\_\_\_\_

2. Are you a current Clinical Member or Fellow of AGPA in good standing?  Yes  No  
If yes, omit sections B, Items 3-5; proceed to Applicant's Statements and Practice Profile.

3. GROUP PSYCHOTHERAPY EXPERIENCE

(To be completed by all applicants who are not Clinical Members or Fellows of AGPA)

Required: 300 hours of group psychotherapy experience as a leader or co-leader. Such hours must be accrued during or following clinical graduate training. Refer to Instruction Guidelines, Section B2, for definition of psychotherapy groups.

Type of Group/Population \_\_\_\_\_  
Setting \_\_\_\_\_  
Date Began \_\_\_\_\_ Ended \_\_\_\_\_ Hours per Week \_\_\_\_\_  
TOTAL HOURS PER GROUP \_\_\_\_\_

Type of Group/Population \_\_\_\_\_  
Setting \_\_\_\_\_  
Date Began \_\_\_\_\_ Ended \_\_\_\_\_ Hours per Week \_\_\_\_\_  
TOTAL HOURS PER GROUP \_\_\_\_\_

Type of Group/Population \_\_\_\_\_  
Setting \_\_\_\_\_  
Date Began \_\_\_\_\_ Ended \_\_\_\_\_ Hours per Week \_\_\_\_\_  
TOTAL HOURS PER GROUP \_\_\_\_\_

Type of Group/Population \_\_\_\_\_  
Setting \_\_\_\_\_  
Date Began \_\_\_\_\_ Ended \_\_\_\_\_ Hours per Week \_\_\_\_\_  
TOTAL HOURS PER GROUP \_\_\_\_\_

If additional space is needed, please attach a separate sheet.

**GRAND TOTAL GROUP EXPERIENCE HOURS** \_\_\_\_\_

4. GROUP PSYCHOTHERAPY SUPERVISION

Required: 75 hours of group psychotherapy supervision. Such hours must be accrued during or following clinical graduate training. Refer to Instruction Guidelines, Section B3 for definition of group psychotherapy supervision.

Agency/Place of Employment \_\_\_\_\_  
Name of Group Psychotherapy Supervisor \_\_\_\_\_  
Degree \_\_\_\_\_ Discipline \_\_\_\_\_  
Dates of Supervision: From \_\_\_\_\_ To \_\_\_\_\_ Hours per Week \_\_\_\_\_  
TOTAL GROUP SUPERVISION HOURS \_\_\_\_\_

Agency/Place of Employment \_\_\_\_\_  
Name of Group Psychotherapy Supervisor \_\_\_\_\_  
Degree \_\_\_\_\_ Discipline \_\_\_\_\_  
Dates of Supervision: From \_\_\_\_\_ To \_\_\_\_\_ Hours per Week \_\_\_\_\_  
TOTAL GROUP SUPERVISION HOURS \_\_\_\_\_

If additional space is needed, please attach a separate sheet.

**GRAND TOTAL GROUP PSYCHOTHERAPY SUPERVISION HOURS** \_\_\_\_\_

5. GROUP PSYCHOTHERAPY REFERENCE FORMS

I have been in practice as a group psychotherapist from \_\_\_\_\_ to \_\_\_\_\_

Two reference forms are required.

For applicants with more than 10 years group psychotherapy experience following completion of clinical graduate training, two Group Psychotherapy Colleague Reference Forms must be submitted.

For applicants with less than 10 years of group psychotherapy experience following completion of clinical graduate training, please use Supervision Verification Reference Forms. Please have supervisor(s) complete Supervision Verification Reference Forms. Colleague Reference forms may be submitted in lieu of Supervision Verification Reference forms for the following reasons (please indicate). Please note that section B4 documenting supervision must still be completed if colleague reference forms are being submitted.

My group psychotherapy supervisor(s) \_\_\_\_\_ listed on the Eligibility Form under Section B4 is not reachable for the following reason(s) \_\_\_\_\_

Required supervision provided by single supervisor.

APPLICANT'S STATEMENT

I submit this application so I may be included in the National Registry of Certified Group Psychotherapists. I affirm that all information included on this application is accurate and complete. I give permission to the Registry to investigate and/or verify any information it may deem appropriate. I have not misrepresented any material fact provided on this application.

I hereby affirm that I am familiar with and am bound to abide by the ethical principles of my profession as stated in my discipline's state licensure laws or, in those states without such laws, as are stated in the membership/certification criteria of my designated national professional organization.

I affirm that I have not had my professional clinical license suspended or revoked nor have I been expelled from or asked to resign from any professional association for ethical violations nor have I resigned upon notification of a pending ethics inquiry; nor is any disciplinary action pending that could result in revocation or suspension of my license or professional membership certification.

I understand that the loss of my clinical license to practice or loss of my active membership/certification in my designated national professional organization, whichever was applicable in establishing my clinical credentials, may result in the revocation of my certification in the Registry, and I agree to notify the Registry of any such actions immediately. I agree to notify the Registry also if any such action is pending prior to the acceptance of my application, in which case the Registry may defer completing the application process for a reasonable period of time pending the outcome of the proceedings.

I also understand that lapse or loss of my professional liability insurance coverage may result in revocation of my certification in the Registry. I agree to notify the Registry if such insurance coverage lapses or is revoked.

I also understand that if I do not engage in 18 hours of continuing education during a 24-month period and/or do not timely submit the CGP recertification affidavit, it may result in revocation of my certification in the Registry.

Signature of Applicant

Date

Please make sure you have submitted the following information to avoid delays in processing:

- 12 hours of course study, 300 hours of group psychotherapy experience\*, 75 hours of supervision\*, Two completed reference forms\*, Copy of license or certification, Copy of liability insurance coverage, Signed applicant's statement, Practice profile, Payment

\* Clinical Members and Fellows of AGPA do not need to submit this information.



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E-mail: info@agpa.org Website: www.nrcgp.org

## GROUP PSYCHOTHERAPY SUPERVISION VERIFICATION REFERENCE FORM

*For use by applicants with less than ten years of group psychotherapy experience following completion of clinical graduate training. Supervisors will be considered qualified if they are listed, or are eligible for listing (which requires licensure at the highest level in your discipline of practice, 300 hours of group psychotherapy experience, and 75 hours of group psychotherapy supervision), in the National Registry of Certified Group Psychotherapists and have a total of 600 hours of group psychotherapy experience (this is an additional 300 hours beyond the Registry eligibility standards). Your signature on this form verifies that you meet these qualifications.*

Name of Applicant \_\_\_\_\_

Information provided on this form will help establish eligibility of the applicant to be included in the National Registry of Certified Group Psychotherapists. Group psychotherapy credentials require the applicant to have received 75 hours of group psychotherapy supervision during or following clinical graduate training.

Such supervision must have occurred with a group psychotherapy supervisor in either an individual or group format and must have involved the regular presentation of group psychotherapy clinical material.

### GROUP PSYCHOTHERAPY SUPERVISOR INFORMATION

Name \_\_\_\_\_

Degree \_\_\_\_\_ Discipline \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Place Where Supervision Took Place \_\_\_\_\_

Date Supervision Began \_\_\_\_\_ Ended \_\_\_\_\_

Hours per Week \_\_\_\_\_ Total Hours of Supervision \_\_\_\_\_

Format of Supervision (individual, group) \_\_\_\_\_

I affirm that I provided group psychotherapy supervision to the above-named applicant, that the information listed is correct to the best of my knowledge, and that in my judgment, the applicant is an ethical and competent group psychotherapist. I also affirm that I meet the Registry's qualifications for an approved supervisor as defined on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am interested in becoming a Certified Group Psychotherapist. Please send me an application.

**PLEASE RETURN THIS FORM TO APPLICANT FOR SUBMISSION WITH THEIR ELIGIBILITY FORM**



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## GROUP PSYCHOTHERAPY COLLEAGUE REFERENCE FORM

*To be submitted by applicants with more than ten years of group psychotherapy experience following completion of clinical graduate training or those whose supervisor(s) are not reachable or whose supervision was provided by a single supervisor.*

Name of Applicant \_\_\_\_\_

Information provided on this form will help establish eligibility of the applicant to be included in the National Registry of Certified Group Psychotherapists.

### GROUP PSYCHOTHERAPY COLLEAGUE INFORMATION

I have known the applicant since \_\_\_\_\_  
month/year

CIRCLE ONE

I am/am not knowledgeable specifically of the applicant's group psychotherapy skills.

I do/do not endorse the applicant as an ethical, competent group psychotherapist.

Group Psychotherapy Colleague's Name \_\_\_\_\_

Degree \_\_\_\_\_ Discipline \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Zip Code

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## GROUP PSYCHOTHERAPY SUPERVISION VERIFICATION REFERENCE FORM

*For use by applicants with less than ten years of group psychotherapy experience following completion of clinical graduate training. Supervisors will be considered qualified if they are listed, or are eligible for listing (which requires licensure at the highest level in your discipline of practice, 300 hours of group psychotherapy experience, and 75 hours of group psychotherapy supervision), in the National Registry of Certified Group Psychotherapists and have a total of 600 hours of group psychotherapy experience (this is an additional 300 hours beyond the Registry eligibility standards). Your signature on this form verifies that you meet these qualifications.*

Name of Applicant \_\_\_\_\_

Information provided on this form will help establish eligibility of the applicant to be included in the National Registry of Certified Group Psychotherapists. Group psychotherapy credentials require the applicant to have received 75 hours of group psychotherapy supervision during or following clinical graduate training.

Such supervision must have occurred with a group psychotherapy supervisor in either an individual or group format and must have involved the regular presentation of group psychotherapy clinical material.

### GROUP PSYCHOTHERAPY SUPERVISOR INFORMATION

Name \_\_\_\_\_

Degree \_\_\_\_\_ Discipline \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Place Where Supervision Took Place \_\_\_\_\_

Date Supervision Began \_\_\_\_\_ Ended \_\_\_\_\_

Hours per Week \_\_\_\_\_ Total Hours of Supervision \_\_\_\_\_

Format of Supervision (individual, group) \_\_\_\_\_

I affirm that I provided group psychotherapy supervision to the above-named applicant, that the information listed is correct to the best of my knowledge, and that in my judgment, the applicant is an ethical and competent group psychotherapist. I also affirm that I meet the Registry's qualifications for an approved supervisor as defined on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am interested in becoming a Certified Group Psychotherapist. Please send me an application.

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## GROUP PSYCHOTHERAPY COLLEAGUE REFERENCE FORM

*To be submitted by applicants with more than ten years of group psychotherapy experience following completion of clinical graduate training or those whose supervisor(s) are not reachable or whose supervision was provided by a single supervisor.*

Name of Applicant \_\_\_\_\_

Information provided on this form will help establish eligibility of the applicant to be included in the National Registry of Certified Group Psychotherapists.

### GROUP PSYCHOTHERAPY COLLEAGUE INFORMATION

I have known the applicant since \_\_\_\_\_  
month/year

CIRCLE ONE

I am/am not knowledgeable specifically of the applicant's group psychotherapy skills.

I do/do not endorse the applicant as an ethical, competent group psychotherapist.

Group Psychotherapy Colleague's Name \_\_\_\_\_

Degree \_\_\_\_\_ Discipline \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip Code

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

I am interested in becoming a Certified Group Psychotherapist. Please send me an application.

**PLEASE RETURN THIS FORM TO APPLICANT FOR SUBMISSION WITH THEIR ELIGIBILITY FORM**

## GROUP PSYCHOTHERAPY PRACTICE PROFILE

This Practice Profile will be used to describe your current **GROUP PSYCHOTHERAPY PRACTICE** in the Registry. **You may select a maximum of four (4) items in each category which best describe your group psychotherapy practice.** In combination with your clinical credentials, this profile will identify you to users of the Registry.

**NAME OF APPLICANT:** \_\_\_\_\_

### THEORETICAL ORIENTATION (4 Maximum)

- Psychodynamic
- Psychoanalytic
- Interpersonal
- Cognitive-Behavioral
- Group-as-a-Whole/  
Systems Theory
- Family Systems
- Gestalt
- Psychodrama
- Redecision/Solution-Oriented

### TYPE OF GROUP (4 Maximum)

- Children's Groups
- Adolescent Groups
- Mixed Adult Groups
- Women's Groups
- Men's Groups
- Couple's Groups
- Multi-Family Groups
- Older Adult Groups
- Special Issues of Ethnicity and Diversity
- Gay, Lesbian, Bisexual, and  
Transgendered Groups

### DIMENSIONS OF PRACTICE (4 Maximum)

- Emergency/Crisis Intervention Groups
- Short-Term Focused Groups
- Time-Limited Groups
- Longer-Term Intensive Groups
- Longer-Term Supportive Groups
- Medication Groups
- Stress Debriefing Groups
- Trauma
- In-Patient Groups
- Corrections/Forensic Groups
- Group Supervision/Consultation

### GROUP PATIENT DIAGNOSTIC PROFILE (4 Maximum)

- Disorders of Childhood and  
Adolescence  
(Mental Retardation)  
(Specific Developmental Disorders)  
(Conduct Disorders)
- Adjustment Disorders
- Personality Disorders
- Mood Disorders  
(Depressive Disorders)  
(Bipolar Disorders)

- Anxiety Disorders  
(Panic/Agoraphobic Disorder)  
(Simple Phobias)  
(Obsessive Compulsive Disorder)  
(Post-Traumatic Stress Disorder)  
(General Anxiety Disorder)
- Eating Disorders
- Psychoactive Substance Use  
Disorders

- Somatoform Disorders
- Dissociative Disorders
- Sexual Disorders  
(Paraphilias)  
(Sexual Dysfunctions)
- Impulse Control Disorders
- Schizophrenia
- Major Medical Illness
- Dual Diagnosis

Do you engage in Private Practice?  Yes  No

Are you able to conduct groups in any other language(s) than English, if yes what language(s)? \_\_\_\_\_

Send completed eligibility form with appropriate fee payable in U.S. dollars to the National Registry of Certified Group Psychotherapists, c/o Chase Manhattan Bank, Church Street Station, P.O. Box 6359, New York, NY 10249-6359. Fee is \$420.00. Current AGPA Members receive a discount fee of \$295.00. Fifty percent (50%) of the amount paid is a non-refundable processing fee. **(This is a one time, initial fee; there will be a nominal fee for recertification every two years.)**

Amount: \$ \_\_\_\_\_  Check enclosed  Visa  Mastercard  American Express

Account No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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