Certification Consultation Report for Pastoral Psychotherapist

This form is to be completed and submitted by an appointed member of the Chapter serving as one of the consultants. If the chapter has determined that the candidate is not yet prepared for certification (and is therefore not prepared to meet the Review Panel) this report does not need to be submitted but may be used for the chapter’s consultative process with the candidate.

Please save the completed form to your computer, and please place the candidate’s last name in the name of the file. For example: “Jones – Chapter Consultation Report Form” or “Hernandez – Chapter Consultation Report Form”.

Send the completed form to Krista Argiropolis, Administrative Coordinator (krista@cpsp.org), and please keep a copy for your records.

Section 1.  
General Information’

|  |  |
| --- | --- |
| 1.1 | Today’s Date: |
| 1.2 | Candidate’s Name:  *Please type it exactly as it should appear on the certificate* |
| 1.3 | Candidate’s Chapter: |
| 1.4 | Candidate’s Email: |
| 1.5 | Convener’s Name: |
| 1.6 | Convener’s Email: |
| 1.7 | Date or event Candidate is seeking for Review Panel:  *(If unknown, type “unknown”.)*  There are two training seminars in the East and one in the West. (NCTS-East, NCTS-West)  Additional reviews may be scheduled in the west, and elsewhere if needed.  The Review Panel informs the chapter convener within 30 days prior to the upcoming Governing Council meeting regarding the status of its recommendation. |
| 1.8 | Does the Chapter have Critical Mass?  Yes (skip 1.9)  No (see 1.9)  *Critical Mass is four or more members holding the same certification that the candidate is seeking.* |
| 1.9 | If No, what is the name of the Chapter working with the candidate? |
| 1.10 | Date of Consultation Meeting with Chapter: |
| 1.11 | Candidate has paid dues and is listed in the CPSP Directory?  Yes  No |
| 1.12 | Candidate is in good standing and attends Chapter meetings?  Yes  No |
| 1.13 | Candidate is Board Certified Pastoral Psychotherapist with CPSP or other cognate group?  Yes (see 1.14 and 1.15)  No (skip 1.14 and 1.15) |
| 1.14 | If Candidate is certified with another cognate group(s), please list the name of the group(s)? |
| 1.15 | List certifications: |
| 1.16 | **Ethical and CPSP Commitment**  Evidence of high ethical commitment, including absolute respect for the worth and rights of persons.  Level of commitment to CPSP’s mission and Standards as a means to provide an exceptional training program that represents CPSP well in the public domain.  RESPONSE: |

Section 2.  
Education and Training

|  |  |
| --- | --- |
| 2.1 | Degree(s):  Master (M.Div.)  Doctorate |
| 2.2 | Dates(s) of graduation: |
| 2.3 | College or University, name and location: |
| 2.4 | Seminary or Graduate School, name and location: |
| 2.5 | Other degrees:  Yes (see 2.6)  No (skip 2.6) |
| 2.6 | If Yes, date of graduation, name of degree, area of study, name and location of college, university or seminary: |
| 2.7 | List below the names of accredited training program(s) by CPSP that candidate has been accepted into for training in pastoral psychotherapy: |
| |  |  |  | | --- | --- | --- | | **Training Center Name & Location** | **Training Dates** | **Supervisor’s Name** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

Section 3.  
Faith Group, Endorsement

|  |  |
| --- | --- |
| 3.1 | What is your faith group? |
| 3.2 | Are you ordained?  Yes  No  If Yes, name of ecclesiastical ordaining authority and contact information: |
| 3.3 | Are you endorsed?  Yes  No  If Yes, name of ecclesiastical endorsing authority and contact information:    *In religious bodies where ecclesiastical endorsement is required, please attach a copy of the endorsement letter to this application. A list of the Endorsing Bodies is on our website at cpsp.org, in the section for Certification.* |

Section 4.  
Standards

|  |  |
| --- | --- |
| 4.1 | Does the candidate meet all other Standards for the certification requested?   Yes  No |
| 4.2 | Read and initial:  *I, the candidate, understand that this certification must be renewed annually in March through chapter affiliation. If I allow this certification to lapse, I will not present myself publicly as a CPSP certified person. The CPSP Directory lists all certified and non-certified members of the College of Pastoral Supervision and Psychotherapy. Any persons representing themselves as CPSP certified and not listed in our directory are misrepresenting themselves.*  *Candidate’s Initials:* |

Section 5.  
Supporting Documents

|  |  |
| --- | --- |
| 5.1 | Certification materials will be submitted as one file, a .pdf, for the review panel. |
| Candidates for certification as a Pastoral Psychotherapist must submit supporting materials as required by the chapter, which includes but is not limited to the following: [Rev. 031616]  840.1 A comprehensive autobiographical sketch, not to exceed ten pages, outlining the candidate’s own pilgrimage, including how his/her psychotherapeutic journey impacts upon his/her understanding and practice of pastoral psychotherapy.  840.2 Audio or video recordings of two complete psychotherapy sessions along with the candidate’s brief assessment of each session.  840.3 A comprehensive theory paper of sufficient length to demonstrate the integration of personal, professional, and clinical competence, addressing theories of personality, psychology, and theology.  ~~840.4 A recording of a portion of a psychotherapy session not more than 15 minutes in length (to be played during the certification review)~~. (See below, for details.)  840.5 Final evaluations of the candidate’s training process written by the candidate and the training supervisor.  840.6 Evidence of faith group endorsement if appropriate (¶ 410.3) [Rev. 031616]  *Note: Section 840.4 will not be required.* | |

Section 6.  
Chapter’s Report

**The Chapter Convener or a designee may complete this next section:**

|  |  |
| --- | --- |
| 6.1 | Required materials:  Did the candidate provide all of the written materials and required by the Standards and the Supporting Documents checklist (Section 5, of this form)?  Yes, the candidate provided all of the certification materials.  No, the candidate did not provide all of the certification materials  If No, then why not? |
| 6.2 | Quality of written materials  From the review of the candidate’s written and video materials, please describe how the candidate integrates (or fails to integrate) their unique personal history, use of self, theology, theory of supervision and their clinical practice of pastoral psychotherapy.  Are the written materials well organized and reflect a graduate level of professionalism?    Critique the strength and weakness of candidate’s ability to provide Clinical Pastoral Education training via the required materials? |
| 6.3 | Quality of Demonstrated Competency  Describe how the candidate demonstrated, during the face-to-face certification review process, congruence between their submitted materials and their ability to integrate theory, theology, unique personal history and use of self in their clinical practice.?    What were the strength and weakness of the candidate during the give-and-take process of the consultation? |

|  |  |
| --- | --- |
| 6.4 | Clinical Functioning  Briefly describe how the candidate demonstrates their ability to integrate their theory, theology, and unique personal history in their clinical practice. |
| 6.5 | Theoretical Comprehension  Report your assessment of the candidate’s demonstrated proficiency, Competencies and skills required for the level of certification for which he/she is applying. Your assessment of the candidate’s knowledge of the core bibliography, including, but not limited to: crisis intervention theory and practice; grief and loss; interdisciplinary and interfaith pastoral care. |

Section 7.  
Recommendation for Certification

The       Chapter has thoroughly reviewed and recommends       for board certification. We attest that all of the candidate’s documents are complete and ready for review by the Review Panel, and that it is the chapter’s determination that the candidate meets the certification standards and is prepared to meet the Review Panel .

Candidate’s Signature:       Date:

Convener’s Signature:       Date:

Supervisor’s Signature:       Date:

*Continued, next page.*

|  |  |
| --- | --- |
| **Chapter Members Present at Review** | **Date:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |