February 2017 (July 2009)

EAPTI

European Accredited Psychotherapy Training Institute

**Questionnaire** for **E**uropean **A**ccreditation of **P**sychotherapy **T**raining **I**nstitute

*Please follow in detail the document called the “TAC Procedures”*

*Please complete every question in capital letters!*

1) **Name of the Institute:** ……………………………………………………………………..

 Abbreviated Name (acronym): ...…………………………………………………………………………….

Street:……………………………………………………………………………………………………………………………

City:………………………………………………………………………………………………………………………………

Country: ………………………………………………………………………………………………………………………..

Postal Code: ………………………………………………………………………………………………………………

Phone No.: …………………………………………………

Mobile phone: ……………………………………………… Fax No.:…………………………………………………..

E-mail address: ……………………………………………………………………………………………………………….

Home page (web site):.........................................……………………………………………………………..

Contact person: ........................................…………………………………………………………………………….

2) How do you belong to EAP (**E**uropean **A**ssociation for **P**sychotherapy)?

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3) To which **E**uropean **W**ide **A**ccrediting **O**rganization **(EWAO)** do you belong?

* yes
* no (explain why) ……………………………………………………………………………………………………………

4) Are you a member of a **N**ational **A**warding **O**rganization (**NAO)**?

* yes
* no (explain why) ……………………………………………………………………………………………………………

5) Is your Training Program – concerning*psychotherapists* ***–*** already approved by your NAO or EWAO?

……………………………………………………………………………………………………………

6) We would need following printed documents and information from you:

* Advertising of your Institute (last 5 years)
* Program/Curriculum
* Fees for students (per year, in Euro)

7) Some figures about the Institute

* Date of foundation?……………………………………………………………………………………………………….

(minimum 5 years of existence are required – to have accomplished at least 4 years of training with one group,

and have started another one)

* How many students do you have in total?

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* How many **students** are **participating in the training program that should lead to an ECP accreditation**?

………………………………………………………………………………………………………………………………

* How many trainees have *obtained a certification* as *psychotherapists*,

since the opening of your institute?

or: have been allowed to *start a psychotherapeutic practice* under supervision

(such practice implies an ongoing psychotherapy with a minimum of 3 clients/patients)

(a minimum of 5 trainees is recommended)

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8) Faculty (staff)

* How many trainers are involved in your Institute (full-time and/or part-time)?

 *(****a minimum of******5 trainers required, out of which 3 should comprise training team****)*

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* What are your requirements for accrediting your trainers?………………………………………………..........

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How many of the trainers are *ECP holders?*

*(****a******minimum of 2 is required****)* ………………………………………………………………………………………………………………………………

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9) Training program

Does your institute at present fulfil the requirements for the **E**uropean **C**ertificate of **P**sychotherapy?

(look into our website <http://www.europsyche.org/contents/13489/european-certificate-of-psychotherapy-ecp->

(see appendix 1)

yes ⬜ no ⬜

10) Assessment

Describe your regular assessment procedure: …………………………………………………………………….

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Describe the final certification procedure: ……………………………………………………………………………

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(The Board of certification **must not include** a therapist of the trainee

but the Board of certification **must include** at least *one expert* who is **not a trainer in your institute**.)

! Please send us some samples of final *written work* of your trainees !

11) Ethical Guideline

Do you agree with the EAP Ethical Guideline? (see appendix 2)

yes ⬜ no ⬜

12) Professional Involvement

Where is your Institute involved? (for example: list of associations, scientific committees, boards of journals, etc.)

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13) Facilities

Please give us a short description of your facilities: do you have meeting rooms, offices, etc.?

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**I certify that I have read and agreed the whole TAC Procedures, especially section 22**

**concerning the fees.**

**False information** may lead to the removal of your name from the Register of EAPTI.

Failure to notify the Registrar of the EAP of changes of the registered details given above may also result in your name being removed.

I have read the above and agree to its conditions.

Date: ...........................……………. Position: ......................……………………..

Signed by (full name) ……………............... Signature: .......................................………...