



IRISH ASSOCIATION OF HUMANISTIC AND INTEGRATIVE
PSYCHOTHERAPY (IAHIP)

CONFIDENTIAL
APPLICATION FOR RENEWAL OF IAHIP ACCREDITATION

1. PERSONAL DETAILS

Name: _____

Address/Home: _____

Address/Work

Phone No. Home _____

Phone No Work _____

E-Mail _____

2. DATE OF FIRST ACCREDITATION (For Office Use Only)

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As stated in Bye Law 1 c, eligibility for re-accreditation depends on four factors:

- *practice as a psychotherapist (see Section 3 below)*
- *supervision of practice (see Section 4 below)*
- *continuing professional development (see Section 5 below)*
- *insurance (see Section 7 below)*

Note: Special conditions for re-accreditation may apply to lapsed members wishing to return to membership. Special conditions may also apply to Non-Practising Associate Members who wish to return to full membership. For details, please refer to Bye Law 1 c (Re-Accreditation) or contact the IAHIP Administrator.

3. CURRENT PSYCHOTHERAPY PRACTICE

To be eligible for re-accreditation, applicants must normally show that they have continued to practise in a way which maintains their skills as humanistic and integrative psychotherapists. (See Bye Law 1 c, clause 3) Such practice may take various forms, including one-to-one work with individuals, work with couples, work with groups, etc., provided that the work is from a humanistic and integrative perspective. (See Bye Law 1 c, clause 3.2)

Such practice should normally involve a **minimum** of **400** hours of client work practice over a five year period. (See Bye Law 1 c, clause 3.1)

In cases where applicants for re-accreditation have not been able, for economic or other reasons, to maintain the normal minimum practice, they may still be re-accredited if they can show that they have sought in other ways to maintain their skills as integrative and humanistic psychotherapists. Such other ways may include, for example, reading, participation in discussion groups, participation in on-going training, receiving therapy, etc. (See Bye Law 1 c, clause 3.3)

3.1 Since your previous accreditation as a psychotherapist in IAHIP has your practice involved a **minimum** of **400** hours of client work?

(Please Tick Box.) Yes No

If the answer is No, please use a separate page to explain the circumstances and to show how you have sought to maintain your skills as a humanistic and integrative psychotherapist.

3.2	Individual Psychotherapy	Group Psychotherapy
Average number of client sessions per week:		
Average number of client sessions per year		

4. SUPERVISION

Please Tick A or B.

A. This is my first application for re-accreditation

B. I have already been re-accredited at least once

I have completed a total of _____ hours of supervision, as detailed below.

If you are applying for re-accreditation for the first time, please fill in Section 4.1 and ignore Section 4.2

If you have already been re-accredited at least once, please ignore Section 4.1 and fill in Section 4.2

Section 4.1 (FIRST-TIME APPLICANTS ONLY)

Requirements:

Those who are applying for re-accreditation **for the first time** must have had **one** hour of supervision for every **25** hours of client work, with a minimum frequency of **monthly** supervision.

(Applicants for re-accreditation should note that even if they have not been able to have the normal minimum number of clients, they may meet the requirement for supervision by attending group supervision in which other participants are receiving supervision for their work.)

Supervision must have consisted of **either or both** of the following two kinds:

(i) Individual (One-to-One) Supervision

This may have been

- with a supervisor accredited as a supervisor by IAHIP
- with a supervisor accredited by another equivalent organization acceptable to IAHIP,
- with an accredited therapist who has been re-accredited at least once by IAHIP or by an equivalent professional organization and who has considerably more experience than the supervisee.

(ii) Group Supervision.

Is of a duration equivalent to at least thirty minutes per supervisee. (This does not imply that the time be allocated equally for individual presentations) and takes place in a group of no more than four supervisees (or, exceptionally, in a larger group with more than four supervisees but which lasts for at least thirty minutes for each supervisee in the group)

It must have involved **one identified supervisor** who has **appropriate group facilitation experience** and who is

- a supervisor accredited as a supervisor by IAHIP
- a supervisor accredited by another equivalent organization acceptable to IAHIP,
- an accredited therapist who has been re-accredited at least once by IAHIP or by an equivalent professional organization and who has considerably more experience than the supervisee.

Section 4.1 (continued) (Only for Applicants for First Re-Accreditation)

Please give details of ALL supervision you have received during the **past five years**.

NB: Current Supervisor/Supervisors to sign at section 6.

INDIVIDUAL SUPERVISION (if applicable) over the last five years –

If you have had more than one supervisor for individual supervision, please give details of the most recent first, and then work backwards in chronological order. For each separate supervisor, please photocopy this page and fill in details.

Details of Individual Supervisor

Name of Individual Supervisor:

Of which Professional Association(s) is s/he a member:

.....
.....

If supervisor is an accredited **Supervisor**, state of which Professional Association(s)

.....
.....

If supervisor is **not** an accredited **Supervisor**,

Has s/he been re-accredited at least once Yes

For how many years has s/he been practising? _____

Nature of the One-to-One Supervisory Relationship

Duration of the Supervisory Relationship: (Indicating *Start Date* to *End Date* of Relationship, month/year to month/year)

_____ / _____

How often did you or do you meet? _____

For how long? (Length of sessions) _____

Any other details you wish to note

If you have had more than one individual supervisor during the five year period please photocopy this page and complete and return with the application.

TOTAL HOURS OF SUPERVISION LISTED ON THIS PAGE: _____

Section 4.1 (continued 2) (Only for Applicants for First Re-Accreditation)

GROUP SUPERVISION (if applicable) over the last five years –

If you have had supervision in more than one group, please give details of the most recent first and then work backwards in chronological order. For each separate group, please photocopy this page and fill in details.

Details of Group Supervisor

Name of Group Supervisor: _____

Does s/he have appropriate group facilitation experience? Yes

Of which Professional Association(s) is s/he a member:

If supervisor is an accredited **Supervisor**, state of which Professional Association(s)

If supervisor is **not** an accredited **Supervisor**,
Has s/he been re-accredited at least once Yes

For how many years has s/he been practising? _____

Nature of the Group

How many are in the group? (Must not be more than 4) _____

Length of sessions (Must be equivalent to at least thirty minutes per supervisee) _____

How long have you been a member of the group? _____

How often does the group meet? _____

Any other details you wish to note

If you have had group supervision in more than one group during the five year period please photocopy this page and complete and return with the application.

TOTAL HOURS OF SUPERVISION LISTED ON THIS PAGE: _____

Section 4.2

(Only for Applicants Who Have Already Been Re-Accredited At Least Once)

Requirements:

Applicants for re-accreditation **who have already been re-accredited at least once** must have had **one** hour of supervision for every **50** hours of client work, with a minimum frequency of **monthly** supervision.

(Applicants for re-accreditation should note that even if they have not been able to have the normal minimum number of clients, they may meet the requirement for supervision by attending group supervision in which other participants are receiving supervision for their work.)

Supervision must have consisted of **any combination** of the following four kinds:

(i) Individual (One-to-One) Supervision

This may have been

- with a supervisor accredited as a supervisor by IAHIP
- with a supervisor accredited by another equivalent organization acceptable to IAHIP,
- supervision with an accredited therapist who has been re-accredited at least once by IAHIP or by an equivalent professional organization and who has considerable experience.

(ii) One-to-One Peer Supervision.

The Supervisor must have been an accredited therapist who has been re-accredited at least once by IAHIP or by an equivalent professional organization and who has considerable experience.

(iii) Group Supervision.

Is of a duration equivalent to at least thirty minutes per supervisee. (This does not imply that the time be allocated equally for individual presentations) and takes place in a group of no more than four supervisees (or, exceptionally, in a larger group with more than four supervisees but which lasts for at least thirty minutes for each supervisee in the group)

It must have involved **one identified supervisor** who has **appropriate group facilitation experience** and who is

- a supervisor accredited as a supervisor by IAHIP
- a supervisor accredited by another equivalent organization acceptable to IAHIP,
- an accredited therapist who has been re-accredited at least once by IAHIP or by an equivalent professional organization and who has considerably more experience than the supervisee.

(iv) Peer Group Supervision.

All peer participants must have been accredited therapists who have been re-accredited at least once by IAHIP or by an equivalent professional organization and who have considerable experience as psychotherapists, and who have adequate group work experience.

Section 4.2 (cont.)

(Only for Applicants Who Have Already Been Re-Accredited At Least Once)

Please give details of ALL supervision you have received during the **past five years**.

NB Current Supervisor/Supervisors to sign at section 6.

INDIVIDUAL SUPERVISION, INCLUDING INDIVIDUAL PEER SUPERVISION over the last five years –

If you have had more than one supervisor for individual supervision, please give details of the most recent first and then work backwards in chronological order. For each separate supervisor, please photocopy this page and fill in details.

Details of Individual Supervisor

Name of Individual Supervisor:

Of which Professional Association(s) is s/he a member:

If supervisor is an accredited **Supervisor**, state of which Professional Association(s)

If supervisor is **not** an accredited **Supervisor**,

Has s/he been re-accredited at least once Yes

For how many years has s/he been practising? _____

Nature of the One-to-One Supervisory Relationship

Duration of the Supervisory Relationship: (Indicating *Start Date* to *End Date* of Relationship, month/year to month/year)

_____ / _____

How often do you meet? _____

For how long? (e.g. No. of hours of each session) _____

Any other details you wish to note

If you have had more than one individual supervisor during the five year period please photocopy this page and complete and return with the application.

TOTAL HOURS OF SUPERVISION LISTED ON THIS PAGE: _____

Section 4.2 (cont. 2) (Only for Applicants Who Have Already Been Re-Accredited At Least Once)

GROUP SUPERVISION (*not* including Peer Group Supervision) over the last five years – *If you have had supervision in more than one group, please give details of the most recent first and then work backwards in chronological order. For each separate group, please photocopy this page and fill in details.*

Details of Group Supervisor

Name of Group Supervisor: _____

Does s/he have appropriate group facilitation experience? Yes

Of which Professional Association(s) s/he is a member:

If supervisor is an accredited **Supervisor**, state of which Professional Association(s)

If supervisor is **not** an accredited **Supervisor**,
Has s/he been re-accredited at least once Yes

For how many years has s/he been practising? _____

Nature of the Group

How many are in the group? (Must not be more than 4) _____

Length of sessions (Must be equivalent to at least thirty minutes per supervisee) _____

How long have you been a member of the group? _____

How often does the group meet? _____

Any other details you wish to note

If you have had group supervision (other than peer group supervision) in more than one group during the five year period please photocopy this page and complete and return with the application.

TOTAL HOURS OF SUPERVISION LISTED ON THIS PAGE: _____

Section 4.2 (cont. 3) (Only for Applicants Who Have Already Been Re-Accredited At Least Once)

PEER GROUP SUPERVISION over the last five years –
If you have had supervision in more than one peer group, please give details of the most recent first and then work backwards in chronological order. For each separate group, please photocopy this page and fill in details.

Nature of the Group

Have all peer members been re-accredited at least once? Yes

Have all peer members adequate group work experience? Yes

Any other details you wish to note
.....
.....

If you have had peer group supervision in more than one group during the five year period please photocopy this page and complete and return with the application.

TOTAL HOURS OF SUPERVISION LISTED ON THIS PAGE: _____

5. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

An average of 50 hours per year of Continuing Professional Development is required (i.e. a total of 250 hours over each five-year period).

- Acceptable forms of Continuing Professional Development may come from any of the **eight** categories listed in the boxes below, (a) to (h).
- As and from September 2016, hours claimed from **category (b) (training programmes)** and from **category (c)** should, where possible, **be supported by attendance certificates or copies thereof.**
- The hours to be counted **must be drawn from at least three of these categories**, though they may be drawn from a larger number of categories or even from all eight categories.
- For **at least three** of the categories from which hours are drawn, there should be **at least 10 hours over the five-year period.**
- A maximum number of allowable hours is set only for category (g).

5.1 Have you completed the required 250 Hours?

Please Tick Box

Yes No

If the answer is Yes, please show in the boxes below how the hours were made up:

Allowable Category of CPD	Year(s)	Hours
a) Engagement as a client in personal therapy or group therapy or as a participant in other relevant experientially-based group learning activities		
b) Attendance at additional or advanced psychotherapy and related training programmes.		
c) Attendance at psychotherapy conferences / symposiums / lectures / workshops / seminars / reading groups or other shared learning environments that address psychotherapy theory and practice.		
d) Receiving supervision in accordance with the requirements of clause 4 above.		
e) Engagement in activities for or on behalf of the Association e.g. committee work, membership of Governing Body, etc.		
f) Working as a supervisor or as a trainer in the field of psychotherapy, or in related fields that call for psychotherapeutic skills.		
g) Engagement in self-care and/or self-reflective activities and/or practices e.g. meditation, yoga, martial arts, journaling. (<i>Maximum average of 10 hours per year, i.e. maximum total of 50 hours over the five-year period.</i>)		
h) Writing and publishing articles or books relating to psychotherapy. This form of continuing professional development is counted in the following way: (i) An article on psychotherapy in a journal counts as 15 hours in the year in which it is published. (ii) (ii) A book in the field of psychotherapy counts as 25 hours per annum for a five-year period (i.e. 125 hours in total). These hours may be divided across two five-year periods of re-accreditation, if required. <i>If hours in this category are used to meet CPD requirement, please give details of articles or books on a separate sheet.</i>		
TOTAL NUMBER OF HOURS		

5.2 If you have not completed 250 hours of continuing Professional Development, please note the following clause 5.2 in Bye Law 1 c:

If an applicant for re-accreditation has not been able to complete the full amount of continuing professional development required, the Re-Accreditation Committee shall consider the explanation for the shortfall that is offered by the applicant and proposals from him/her as to how the hours may be made up. If the Committee considers that the circumstances pertaining to the shortfall are exceptional, and that they call for a sympathetic response in line with the humanistic ethos of the Association, the Committee may accept the proposals from the applicant as to how the missing hours may be made up, or offer revised proposals. If the applicant undertakes to make up the missing hours in a way that is acceptable to the Committee, he/she may be re-accredited. However, failure to fulfil this undertaking shall be a barrier to his/her next re-accreditation.

If you have not completed the required total number of hours and wish to avail of the provision of the Bye Law just referred to, please explain, on a separate sheet, the relevant circumstances and your proposal as to how the missing hours may be made up.

6. SIGNATURE OF SUPERVISOR(s)

*(This section should be signed by your **current** individual or group supervisor/s or, in the case of peer group supervision, by a member of the group)*

I confirm that the details given above about my own qualifications and experience are true, and that, in accordance with the conditions laid down in Bye Law 1 c (and repeated above in this application form) I am eligible to be a supervisor for this applicant for re-accreditation.

I also confirm that, to the best of my knowledge, the other information supplied by the applicant is true.

I recommend the above-named psychotherapist for re-accreditation by IAHIP.

Signed: Date:

Signed: Date:

7. INSURANCE

IAHIP requires members to maintain insurance cover against professional indemnity and public liability risks in their practise. **NB: Please attach a photocopy of your current policy details.**

8. DECLARATION

I, _____ apply for re-accreditation by IAHIP. I agree to abide by its Memorandum & Articles of Association, its Code of Ethics & Practice and agree to comply with its Complaints Procedures. I have not been debarred by any organization for professional misconduct. I renew my commitment to the practice of psychotherapy, to ongoing supervision of my work and to other forms of personal and professional development. I declare the information given in this form to be true:

Signed: Date:

Enclosures Checklist:

- 1) Application Form
- 2) Cheque for €100.00 processing fee payable to IAHIP
- 3) Copy of **current** Insurance Certificate
- 4) CPD categories (b) and (c) attendance certificates or copies thereof.

Please return the application form with items 2, 3 and 4 as listed above to the IAHIP Administrator, at 40 Northumberland Ave, Dun Laoghaire, Co Dublin.