EAP
European Association for Psychotherapy

Member of the World Council for Psychotherapy (WCP)
NGO with consultative status to the Council of Europe
Headoffice: Mariahilfer Str. 1d/13 | 1060 Wien/Vienna/Austria
+43 699 15131729 | eap.headoffice@europsyche.org
www.europsyche.org

# Practitioner Registration Form for European Certificate of Psychotherapy

Please complete every question. Information will be made available to enquirers. *Version Feb 2016/ 2019*

1) Last Name:

2) Any other last names under which you have been previously registered as an ECP holder:……..

3) First Name(s):

4) Abbreviated Title(s) to write on the certificate (Dr., Prof., etc.):

Place photo here

5) o Female o Male 6) Date of birth: ..... / ..... / .....
(Day) (Month) (Year)

The following address will be published in the European Register of ECP Holders:

7) Professional address:
for clients

Street: …….
City: …….
Country: ……Postal code: …….
Phone No.: …….
Fax No.: ……..
Email address: ……
Home page: …….

8) Other address:

Street: ……..
City: ……..
Country: .....Postal code: .....
Phone No.: ……..
Fax No.: ……..
Email address: ……..
Home page: ……..

9) Which address should be your mailing address? o professional address o other address

10) If you applied for the ECP as a result of graduation from a European Accredited Psychotherapy Training Institute (EAPTI), what is the name of that institute?

.....

11) National awarding organisation (NAO) which recommended you for the ECP:

12) In which country are you currently practising?

13) Which NAO currently registers you and would be the relevant country to deal with complaints or disciplinary matters in which you are involved?……..

If this is not the NAO of the country specified in (11) please explain why ……
……

14) Write here the modality of psychotherapy for which you are recommended by NAO and EWAO or EAPTI:

……..

15) Which EWAO currently registers you and would be the relevant modality to deal with any complaints or disciplinary matters in which you are involved?……..
If this is not the EWAO of the modality specified in (14) please explain why ……
……

16) Native language: ..... 17) Other languages spoken: .....

18) Do your practice premises have facilities for disabled people? o Yes o No

19) Appropriate **Continuing Professional Development** (CPD) is required. This will be checked according to the NAO regulations in the countries where you are practicing.
(You will find the *EAP's recommendations for the content and amount of hours of* CPD enclosed as an Appendix.)

20) The Statement of Ethical Principles of the EAP is available at the EAP web page at the following link:
http://www.europsyche.org/contents/13134/statement-of-ethical-principles

I have read and I agree to the Statement of Ethical Principles of the EAP o Yes o No

To register in the **European Register of ECP Holders (ECP-R)** you are requested to pay the fee **every 3 years**.

I'm aware that I will have to pay an annual fee (40 euros per year for Western countries, and less for Eastern ones) for the maintenance of my name on the European Register of ECP Holders (ECP-R) and to support the development of the specific profession of psychotherapy in Europe. By signing this I give permission that the shaded information will be published on the Internet.

I have read the above, have provided accurate information and agree to the conditions.

Date:..... Signature: .....

**Note:** False information may lead to the removal of your name from the European Register of ECP holders (ECP-R). Failure to notify the Registrar of the Association of changes of the registered address details given above may also result in your name being removed.

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## APPENDIX to the Practitioner Registration Form for European Certificate of Psychotherapy

**Continuing Professional Development** (CPD) is required for re-registration for the ECP. You are required to complete an average of 50 hours per annum of CPD (total of **150 hours over a period of the last 3 years**). This CPD can be taken in the following forms:

a) Advanced or additional professional psychotherapy courses (Please list these, include detail of the provider (institute) and a synopsis of the course, and indicate the number of hours for each course on a separate sheet.)

b) Professional supervision for psychotherapy practice/clinical/group work and peer supervision (Please indicate this on a separate sheet with name of supervisor/institute, hours of supervision, and the total of number of hours).

c) Psychotherapy conference / symposium attendance (Please list title, date and organisation for each on a separate sheet and indicate number of hours of session time attended in each. Please attach copies of all conference attendance certificates).

d) Professional activities in psychotherapy. (Being elected to a Board or a Committee and attending meetings. Please indicate organisation, dates of committee/board meetings, and number of formal hours of each meeting.)

e) Participation in extra psychotherapy training as a supervisor/researcher/teacher.

**Minimum 150 hours shall consist of no more than 50 hours from any one category.**