



**Application for Certification in Dialectical Behavior Therapy (C-DBT)**

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

Name (as it appears on your license, registration, credential or membership):

\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I attest to the following (please initial each):

\_\_\_\_ I am a licensed, registered, credential or membered professional as outlined in Criterion 1.1 of the Certification Standards

\_\_\_\_ My professional license, registration, credential or membership is current and in good standing as outlined in Criterion 1.2 of the Certification Standards

\_\_\_\_ I have completed the required 18 education hours/CPD in Dialectical Behavior Training, including 6 hours/CPD specific to Dialectical Behavior Therapy skills training and 3 education clock hours/CPD of Suicide/Risk Assessment and Intervention training as outlined in Criterion 2.1 of the Certification Standards

\_\_\_\_ I have read at least 2 practitioner books on the practice of Dialectical Behavior Therapy (i.e., not texts focused on Dialectical Behavior Therapy skills, but focused on Dialectical Behavior Therapy as a theoretical orientation) AND at least two Dialectical Behavior Therapy skills training manuals as outlined in Criterion 2.3 of the Certification Standards

\_\_\_\_ I have read the American Psychological Association (APA) policy on the Evidence Based Practice of Psychology (EBPP) as outlined in Criterion 2.3 of the Certification Standards

\_\_\_\_ I have conducted a minimum of 500 therapy hours using Dialectical Behavior Therapy as a theoretical orientation as outlined in Criterion 3.0 of the Certification Standards

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my licensing board may be contacted. I understand that information submitted with this application may be verified for accuracy by Evergreen Certifications. I also agree to contact Evergreen Certifications in the event I no longer meet the requirements to be Certified in Dialectical Behavior Therapy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_