



Application for Certification in Dialectical Behavior Therapy

Date: _____

Name (as it appears on your license): _____

Mailing Address: _____

City/State/Zip/Country: _____

Phone: _____

Email Address: _____

I attest to the following (please initial each):

____ I am a State or Nationally licensed (or equivalent outside the U.S.) professional as outlined in Criterion 1.1 of the Certification Standards

____ My professional license is current and in good standing as outlined in Criterion 1.2 of the Certification Standards

____ I have completed the required 18 education hours in Dialectical Behavior Training, including 6 hours specific to Dialectical Behavior Therapy skills training and 3 education clock hours 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 Certification Institute (EVGCI). I also agree to contact the EVGCI in the event I no longer meet the requirements to be Certified in Dialectical Behavior Therapy.

Signed: _____ Date: _____