



Application for Evergreen Certified CBT Clinician (CBT-C)

Date: _____

Name (as it appears on your professional license): _____

Mailing Address: _____

City: _____ State: _____

Postal Code: _____ 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 [CBT-C certification standards](#)

____ My professional license is current and in good standing as outlined in the [Evergreen Certifications Code of Ethics](#)

____ I have completed the required 28 education hours in CBT as outlined in criterion 2.1 of the [CBT-C certification standards](#) (attached corresponding CE documentation)

____ I have passed 2 CBT clinical case consultation sessions as outlined in criterion 3.0 of the [CBT-C certification standards](#) (attach [CBT-C Consultation Forms](#) – 1 for each session)

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 an Evergreen Certified CBT Clinician.

Signed: _____ Date: _____