



INTERNATIONAL SOCIETY OF  
SCHEMA THERAPY

**2018**

**Application for ISST-Approval of a Schema Therapy  
( Individual, Group)  
Certification Training Program**

*Please indicate which specialization listed above that you are applying for as they are separate. Separate approval is required for training to meet the Standard or Advanced certification requirements of each specialty area.*

**Name of the Institute or Training Facility:**

\_\_\_\_\_

**Name of the Training Organizer or Coordinator:**

\_\_\_\_\_

**Name of the Schema Therapy Training Director(s):**

1) \_\_\_\_\_

Year: Joined ISST as Full Member

Year: Group Advanced-Certification

2) \_\_\_\_\_

Date: Joined ISST as Full Member

Date: Group Advanced-Certification

**Other Contact Person / their function (if applicable):**

\_\_\_\_\_

**Postal Address, Country:**

\_\_\_\_\_

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

**Website:** \_\_\_\_\_

**Phone and Fax Number (s):**

**Description of the training program**

**Program Name:** \_\_\_\_\_

*(must be distinct from existing approved training programs – check ISST website.)*

**Our program covers all the requirements according to the 2018 ISST certification and curriculum requirements for Schema therapy: Individual, Group. Be sure to review the requirements for each area of specialization on [www.schematherapysociety.org](http://www.schematherapysociety.org)**

**\*\*Name(s) of Supervisors who must be Advanced Level ISST Certified in the specialty area of your program assisting in your training program:** All must have a certificate of completion for the Trainer-Supervisor Webinar

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

*Please indicate below how the different requirements are handled in your program. If your program is offered in modules or separate parts, please include a description of each module and part. For example: If some of your courses/modules are attended by more students than others, and/or if you have different trainers for different parts of the program – please provide specific information for each part. Do also give a description of the literature you use. Please be very specific, and attach a description page to this application if needed.*

**Name and description of the training program courses**

Module Name	Subject covered*	Hours Specification	Number of participants	Trainers**
		Didactic:***		
		Role-play:****		
		Didactic:		
		Role-play:		
		Didactic:		
		Role-play:		
		Didactic:		
		Role-play:		
		Didactic:		
		Role-play:		
		Didactic:		
		Role-play:		

**Literature used in the training program\*\*\*\*:**

*\*Please describe which modules out of the list of possible subjects/modules will be covered (for explanation see 2018 ISST Minimum Certification Training Requirements Please use the numbers and language that are used in this list).*  
*\*\*Please be reminded that all trainers and supervisors must have advanced level certification in the program's specialty area and met the additional Trainer-Supervisor requirements.*  
*\*\*\* Please be aware: Only 6 hours-of the didactic part of the curriculum may consist of didactics/lectures for an audience of more than **40** participants.*  
*\*\*\*\*For the dyadic/practice/role-plays part of the curriculum: The maximum is **20** participants if there is one trainer. For more participants use more trainers.*  
*\*\*\*\*\* Literature used in this training program (there is no obligatory literature, but we would like to have a global idea of the literature that is used).*

**How does your training program organize supervision for the participants?**  
**Please explain (This is required for ISST certification training programs):**

**How does your training program help the participants to find independent raters for the tape rating? (Also Required)** *Independent raters are defined as those who do not know the applicant well, were not involved in giving him/her training or supervision. For advanced certification 2 different raters are required. In situations where this is not possible due to limited native speaker supervisors, institutional limits regarding tapes, etc contact the Training & Certification Coordinator to request an exception.*

**Application process for the program:** *Please attach a copy of the application form that you use for admission to your program and the criteria used for selection. The philosophy of ISST is that training be open to all who meet the certification requirements, however, since a limited number of spaces are available it can be a competitive process as long as the criteria for decisions are transparent.*

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**Signature (training director)**

**Date**