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| --- | --- | --- | --- | --- | --- |
| ISST CERTIFICATION APPLICATION DOCUMENTATION CHECKLIST | | | DATE: | | |
| APPLICANT’S NAME | | REVIEWER NAME | | **Check off here if submitted** |
| Your ISST membership number | |  | |
| Level of certification you are applying for | |  | |
| Dates you began the training program & date completed | |  | |
|  | CERTIFICATION REQUIREMENTS | FORM TO USE | |
|  | License verification  & your academic credentials (e.g. PhD, MSW, MD) | ISST application form page 1 | |  |
|  | Training requirements completed: provide a description with a breakdown by topic, didactic versus role-play hours, the number of participants and the specific trainers. Then document this by completing either A or B below: | ISST application form page 2 | |  |
|  | **A.** for ISST certified programs: Signature of training director, year of program’s ISST certification | ISST application form page 2 | |  |
|  | **B.** for Independent programs only you must send copies of all ISST certificates you were given for the 40 hrs. | Send certificates as an attachment to your application. | |  |
|  | Total Didactic Hours completed  (minimum 25 hours-a maximum of 6 hours with more than 40 participants can be counted | ISST application form page 2 | |  |
|  | Total Dyadic/Role-Play hours completed (minimum 15) | ISST application form page 2  (maximum of 20 participants per trainer) | |  |
|  | Description of Supervision completed | ISST application form page 3 | |  |
|  | Confirmation by your supervisor of the number of supervision hours, # of patients treated and diagnoses | Send written confirmation in email to: the application reviewer | |  |
|  | List treatment hours completed by patient and diagnosis | ISST application form page 3 and 4 | |  |
|  | ST Competency Rating Scale (STCRS) tape ratings:  Standard Certification: 1 tape, score > 4  Advanced Certification: 2 tapes, score > 4.5 | ISST application form page 4 | |  |
|  | Confirmation of STCRS scores including summary sheet from your independent tape rater | Sent by the independent rater by email to the application reviewer | |  |
|  | Case Conceptualization for the patient whose tape is rated along with a brief summary of the rated session | Case Conceptualization form in your language. Send to your tape rater and to application rater | |  |

Revised 9-2017, J. Farrell