



Institute for  
Self-in-Relationship  
Psychotherapy

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Certification of Self-in-Relationship Supervisor  
Procedures and Application Forms



## Application Form Certified Self-in-Relationship Psychotherapist Supervisor

Please complete this application form requesting to begin the process of becoming a Certified Self-in-Relationship Psychotherapist Supervisor and send it with the other required documents to the address indicated below.

Name: \_\_\_\_\_

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

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

Degrees: \_\_\_\_\_

Current Position: \_\_\_\_\_

Certification/Registration with:  CCC  CPO   CRPO

Professional Memberships:

Member of:  OAPA  CPA  APA  ABPP

Diplomate in: \_\_\_\_\_ Granted: \_\_\_\_\_

Membership in other psychological associations:

\_\_\_\_\_

Please send application form with other required documents to:  
Chair, Admissions Committee  
Institute for Self-in-Relationship Psychotherapy  
5 Claudet Crescent  
Ottawa, Ontario K1G 4R3

### Autobiographical Questionnaire



## Certified Self-in-Relationship Psychotherapist Supervisor

To be completed by Candidates Applying for Certification as a Self-in-Relationship Psychotherapist Supervisor.

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

Your responses to this questionnaire will be kept in strict confidence. Your answers will help us to ascertain your readiness for further training in Self-in-Relationship Psychotherapist Supervisor. Please answer questions 2-5 on separate sheets.

Please return this sheet together with your answers, the General Application Form, Declaration of Good Character and Criminal Check and Admission Fees to:

Chair, Certification Committee  
Institute for Self-in-Relationship Psychotherapy  
5 Claudet Crescent  
Ottawa, Ontario, K1G 4R3

1. Please evaluate yourself on the following:

	Excellent	Very Good	Good	Weak	Unable to answer
Knowledge of SIRP Theory					
Ability to conceptualize					
Awareness and openness to exploring and resolving countertransference					
Personal and emotional maturity					
Knowledge of professional conduct					
Knowledge of ethics					



## Institute for Self-in-Relationship Psychotherapy

2. Attach an autobiographical report in duplicate prepared on 8.5x11" paper typed and double spaced. Your report should include the following:

- a) Previous experience as a supervisor indicating the number of years that you provided supervision to therapists and counselors, the discipline of the professionals to whom you provided supervision, and the nature of the clientele seen by the supervisee.
- b) Indicate how you managed supervisee-client and supervisor-supervisee relational problems and conflicts.
- c) Your experience in training therapists and counsellors
- d) The reason for applying to become a Certified Self-in-Relationship Psychotherapy Supervisor.



**Declaration of Good Character  
Certified Self-in-Relationship Psychotherapist Supervisor**

**Applicant:** \_\_\_\_\_

Have you ever been found to have committed professional malpractice by a court or tribunal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you named as a defendant in any civil proceeding in which professional malpractice or negligence is alleged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the subject of any inquiry, investigation or proceeding in respect of allegations of professional misconduct, incompetence, fitness or incapacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been censured reprimanded for sexual harassment or sexual misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of academic dishonesty by a post-secondary educational institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been suspended or expelled from any post-secondary educational institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now abusing, dependent on, or been treated for the abuse or dependence on alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied or had any license, certificate, registration or permit revoked due to lack of good character?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been suspended, disqualified, censured or disciplined as a member of any professional organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of fraud or been found to have committed fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of a criminal offence for which a pardon has not been granted or of an offence relevant to the practice of psychology, either within a Canadian jurisdiction or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been dismissed from or asked to resign from any employment due to negligence, professional misconduct or academic dishonesty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any event, circumstance, condition or matter not disclosed in your replies to the Questions touching upon your conduct, character or fitness to practice that might be an impediment to your certification as a Self-in-Relationship Psychotherapist?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**Reference Letter**  
**Certified Self-in-Relationship Psychotherapist Supervisor**

Applicant: \_\_\_\_\_

You are asked to complete this reference form for the above named person who is applying for certification as an Self-in-Relationship Psychotherapist Supervisor by the Institute of Self-in-Relationship Psychotherapy.

To be eligible to complete this form, you must have known the applicant and his or her work for at least two years.

**Please tell us about yourself:**

Name:

\_\_\_\_\_

Current Position/Title:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

In the province of:

\_\_\_\_\_



# Institute for Self-in-Relationship Psychotherapy

## Professional Memberships:

Member of:  CPA  OAPA  APA

Diplomate in: \_\_\_\_\_ Granted: \_\_\_\_\_

Memberships in other psychological associations:

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## Please complete the following concerning the applicant:

I have known the applicant for \_\_\_\_\_ years from \_\_\_\_\_ to \_\_\_\_\_ as:

Supervisor  Co-worker  Department Head  Other (please specify)

During this time, the applicant's work and/or study was:

Primarily in the field of Psychology

In another field related to mental health (specify):

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In a field not related to psychology or mental health



# Institute for Self-in-Relationship Psychotherapy

Please rate the applicant on the following scales, based on your previous relationship with him or her, in terms of readiness to apply for certification as an Self-in-Relationship Therapist Supervisor:

	No Reservations	Minor Reservations	Major Reservations	Unable to Rate
Personal and emotional maturity				
Ethical Behavior				
Competence in professional activities				
Overall suitability for certification as an Self-in-Relationship Psychotherapist Supervisor				

If you indicated minor or major reservations above, please explain:

Please send report to:  
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Institute for Self-in-Relationship Psychotherapy  
5 Claudet Crescent  
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