



Institute for
Self-in-Relationship
Psychotherapy

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



Certification of Self-in-Relationship Psychotherapists

The Institute for Self-in-Relationship Psychotherapy (SIRP) certifies psychotherapists as Self-in-Relationship Psychotherapists. In certifying a psychotherapist, SIRP attests only that the Certified professional is competent to apply Self-in-Relationship Theory to the understanding, conceptualization, assessment, and treatment of persons under his or her care. The requirements for certification are normally to be fulfilled over a two year period. In-class training begins in September of each year and terminates in June of the following year. Practice and supervision requirements follow the training and continue over a one year period. Requests for certification will be processed once per year at a time determined by the Executive of the Institute. The number of applicants accepted for Practice under Supervision will be determined by available human and physical resources. English is the working language for all aspects of the certification process.

Year 1: Training Requirements

1. During the first year the candidates complete the three courses of the Self-in-Relationship Psychotherapy Training Program. These courses are:

SIRP 6111: Theory Course

SIRP 6131: Assessment and Conceptualization

SIRP 6141: Treatment/Practicum

2. A written exam on theory at the completion of SIRP 6111. 3. A written exam on assessment and conceptualization of a case at the completion of SIRP 6131

Year 2: Practice under Supervision: Requirements

Following the successful completion of the Self-in-Relationship Psychotherapy in-classroom Training Program, candidates who wish to begin supervision towards certification as a Self-in-Relationship Psychotherapist are required to make formal application in writing to the Clinical and Educational Director of the Institute. The application procedures and the required clinical and supervised experiences are presented here.



Application procedures and professional requirements

1. Complete the general Application Form.
2. Complete the Autobiographical Questionnaire stating reasons for applying for certification, purpose, previous work and psychotherapy or counselling experience.
3. Two letters of reference from mental health professionals who have known the candidate and are familiar with his/her work.
4. Be a member of a college regulated to practice psychotherapy including the: College of Psychologists of Ontario, College of Registered Psychotherapists of Ontario, College of Nurses of Ontario, College of Physicians and Surgeons of Ontario, College of Occupational Therapists of Ontario, Ontario College of Social Workers and Social Service Workers.
5. Have taken out third-party liability insurance to a minimum of 2 million dollars per occurrence and a 5 million dollar aggregate per year.
6. Provide a recent Police Information Check (PIC).
7. Complete a Declaration of Good Character.
8. A screening interview with two Certified Self-in-Relationship Psychotherapists. The purpose of this interview is to assess the applicant's theoretical, professional and personal readiness to begin supervised practice as a Self- in-Relationship Psychotherapist.

Required clinical and supervised experiences

The emphasis of the second year is for the candidate to consolidate his or her conceptual, assessment and treatment skills using Self-in-Relationship Psychotherapy.

The following conditions and requirements must be met, usually within one year, for a candidate to qualify for certification as a Self-in-Relationship Psychotherapist. Supervised clinical practice usually begins after the completion of the formal training and in September of any given year.

1. Complete 500 hours of direct client contact therapy (10 hours per week) under the supervision of a Certified Self-in-Relationship Psychotherapist/Supervisor.
2. Accumulate at least 24 hours of one-on-one supervision with two different Certified Self-in-Relationship Psychotherapist/Supervisor.



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3. Engage in self-growth which means that the candidate will display an openness to exploration of self- experience during psychotherapy sessions (with clients) as an opportunity to expand self-awareness and promote personal self-growth.
4. Prepare a report of a case demonstrating his/her use of conceptualization, assessment and treatment skills.
5. Present to a committee, assembled by the Institute, the case report to demonstrate his or her ability to apply Self-in-Relationship Psychotherapy to the understanding, assessment, conceptualization and treatment of cases. The case report (see # 4 above) will serve as a basis for the evaluation. The meeting takes place after Conditions 1, 2 and 3 (above) are met.
6. For the meeting, the ISIRP forms a committee of Certified Self-in-Relationship Psychotherapists/Supervisors. The candidate may recommend one Certified Self-in-Relationship Psychotherapists/Supervisors to sit on the committee of which at least one will be a member of the evaluating committee. The decision of the committee is final with no appeal. The candidate may retake the evaluation examinations no sooner than six months later.

Annual Renewal of Certification

1. Certification as a Self-in-Relationship Psychotherapist must be renewed each year.
2. The Certification year begins of January 1 of a given year and terminates on December 31 of the same year.
3. Renewal notices and fees will be announced at least two months prior to expiry of the Certification year.
4. Accumulate annually the equivalent of 10 hours of Continued Education Credits in Self-in-Relationship Psychotherapy oriented or related activities, approved by the Executive Committee, to maintain certification.
5. Exemptions to these requirements will be at the discretion of the Executive Committee of the Institute for Self-in-Relationship Psychotherapy.



Application Form Certified Self-in-Relationship Psychotherapist

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

Name: _____

Address: _____

Date: _____

Degrees: _____

Current Position: _____

Certification/Registration with:

CPO CRPO CFSO CRPO CNO COTO OCSWSSW

Professional Memberships:

Member of: OAPA CPA APA ABPP CCPA

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

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

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. 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 Self-in-Relationship Psychotherapy					
Ability to conceptualize					
Awareness and openness to exploring and resolving countertransference					
Personal and emotional maturity					
Knowledge of professional conduct					
Knowledge of ethics					



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

- a) Family and other close relationships.
- b) Important health factors.
- c) Significant educational and professional training.
- d) Experiences as a professional counsellor or psychotherapist.
- e) Describe the most difficult experience for you in working with a client. What steps did you take to manage/resolve this experience?
- f) What has been your most difficult personal and/or interpersonal experience? How have you resolved/reconciled this experience?

Your autobiographical report should reflect your personal growth in self-understanding and actualization in your role as counsellor and therapist, your ability to assist clients through a wide variety of experiences as well as your goals for the future.

3. What measures have you taken for continued growth and development?

4. Is your counselling/psychotherapy practice currently supervised by a professional? Has your counselling/psychotherapy practice been supervised in the past?

If yes, please indicate supervisor’s name, credentials, his/her theoretical orientation, mode of therapy (individual, couple) and the duration and the dates of supervision.

5. Outline your reasons for applying to become a Certified Self-in-Relationship Psychotherapist and future career goals.



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

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

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 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:

Currently:

In the province of:



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Regulated Membership:

Member of: CPO CRPO CNO CFSO OCSWSSW COTO

Registration Date: _____

Memberships in other professional associations:

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 / Psychotherapy

In another field related to mental health specify): _____

In a field not related to psychology or mental health



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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:

	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				

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

Please send report to:
Chair, Certification Committee
Institute for Self-in-Relationship Psychotherapy
5 Claudet Crescent
Ottawa, Ontario, K1G 4R3