CP VERIFICATION OF SUPERVISED EXPERIENCE

PART I: NAME OF APPLICANT ________________________________

PART II: NAME OF SUPERVISOR ________________________________

PART III: SUPERVISED EXPERIENCE

Date the Applicant began supervised experience with you __________________

Number of 60 minute sessions the Applicant has directed under your supervision __________________

Number of supervision hours (each a minimum of 50 minutes) accrued during supervision __________________

Date the Applicant’s supervised experience with you was completed __________________

PART IV: SUPERVISOR EVALUATION OF APPLICANT’S WORK

SPECIFIC DIRECTIONS
Using the format requested below, provide the information asked for on your professional letterhead.
If you are NOT certified by The American Board of Examiners please attach a copy of your resumé or curriculum vitae.

I. Relationship Context: Describe the extent of your knowledge of the applicant’s training, work, and experience in psychodrama, sociometry and group psychotherapy. Include the number of time, the dates, and the settings in which you have observed the applicant and identify the roles played by the applicant.

II. Evaluation of Applicant’s Knowledge, Ability and Skills: Describe your impressions of the applicant’s knowledge, skills and abilities as a psychodrama director in leading psychodrama, sociometry and group psychotherapy sessions. Include strengths and weaknesses. Is there a particularly memorable recollection? Be as explicit as you can be.

III. Evaluation of Applicant’s Professionalism: Comment on the professionalism of the candidate. This includes things like knowledge of the subject area, awareness of limitation of competency, concern for ethics, standards of practice, relationships with colleagues, continuing education, and so forth.

PART V: RECOMMENDATION

I hereby recommend and endorse the applicant for certification as a Practitioner of Psychodrama, Sociometry and Group Psychotherapy:

________________________________________________    _____________________
SIGNATURE OF ENDORSER DATE

THIS FORM MUST BE RECEIVED IN OUR OFFICE BY JULY 15th

www.psychodramacertification.org 11/16