

**Application**

**PCIT Certified Therapist**

**Purpose:** These requirements are consistent with the *Training Requirements for Certification as a PCIT Therapist.* The most current version of the Therapist Requirements is posted on the PCIT International website ([www.pcit.org](http://www.pcit.org)). These training requirements reflect the minimum training necessary to develop competence as a PCIT Therapist using the 2011 PCIT Protocol (Eyberg & Funderburk, 2011) and the 2013 DPICS Manual (Eyberg, Nelson, Ginn, Bhuiyan, & Boggs, 2013).

**Process:** Please note that the certification process for becoming a PCIT Therapist has multiple steps to demonstrate competence, summarized as follows:

1. Documentation of appropriate professional education and experience as a PCIT Therapist.
2. Successful completion of Initial Training and Continuation Training.
3. Successful completion of the PCIT Therapist Certification Application, including letters of recommendation to PCIT International from a Master Trainer, Level II Trainer, or a Level I Trainer attesting to the PCIT Certified Therapist applicant’s competencies.
4. Following acceptance of the Certified PCIT Therapist Application, the applicant will be emailed a link to the PCIT Certification Experience which the applicant must successfully complete.

**\*\*Please note that to successfully complete the process to become a PCIT Certified Therapist, applicants must *demonstrate competence* in core areas of the PCIT protocol. PCIT International reserves the right to deny certification to any individual if minimum standards of competence are not met and appropriately documented, as outlined in the *Training Requirements for Certification as a PCIT Therapist.*\*\***

**Scope and Limitations of a PCIT Certified Therapist**.

Certified PCIT Therapists are individuals who have received appropriate and sufficient PCIT training to be qualified to provide PCIT services to children and families.

**Application Process and Instructions:**

* Completed applications may be sent via scanned .pdf file to pcitcertify@gmail.com with $225.00 payment via credit card through the following link <https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=G9FXKXE4Q8HDE>

OR

Applications may be sent through the mail with a check for $225.00 made payable to **PCIT International** to

PCIT Certification

P.O. Box 47

Milligan College, TN 37682

* When a completed application is received, it will be assigned to a PCIT certification reviewer. The applicant will be notified via email within 3-5 business days after the application has been received and assigned. The reviewer will determine whether the applicant has met the minimal training guidelines. The applicant should allow at least 2 weeks for processing beyond the review assignment date to receive the results of the review.
* If determined that the applicant’s training has met current training guidelines, the applicant will be assigned a username and password allowing access to the PCIT Certification Experience and exam. The applicant will receive immediate feedback regarding their exam performance via the web. Within 5 to 10 business days after successfully passing the exam, the applicant will receive official notification of PCIT certification.
* If the applicant’s training is judged to not meet the training guidelines or the application is incomplete, the applicant will not be permitted to take the PCIT Certification Experience required for the award of certification. The applicant will receive personalized feedback regarding further training needs, and the applicant’s certification fee will be refunded minus a $55 review fee. Incomplete applications will remain open for one year from the date of submission, during which time the applicant may provide additional documentation without having to reapply. (Note: Please see page 8 for more information.)
* Email is the primary method used by PCIT International to communicate with applicants. Communications will occur within the outlined time schedule. Checking and responding to your email frequently can expedite the application process. PCIT International is not responsible for messages that are not received in a timely manner due to the applicant’s failure to check email, the applicant’s failure to notify PCIT International of an email address change, or email that is undeliverable due to applicant email server restrictions (e.g., full mailbox). To ensure that important messages from PCIT International are not blocked by SPAM and junk email filters, add pcitcertify@gmail.com to your address book.

**Fees**

|  |  |
| --- | --- |
| Application Review Fee: | $55.00 |
| PCIT Certification Experience Fee: | $135.00 |
| Certification Processing and Recording Fee: | $35.00 |
| **Total PCIT Therapist Certification Experience Fee:** | **$225.00** |
|  |  |
| Returned Check Fee: | $50.00 |

**PCIT Certified Therapist**

**Application**

**IDENTIFYING INFORMATION FOR THE WEBSITE LISTING**

**(Please leave a field blank if you do not wish it posted on the website)**

|  |  |
| --- | --- |
| **Full Name and Credentials:** |  |
| **Agency/Institution:** |  |
| **Address:** |  |
| **City, State, Zip** |  |
| **Phone number:** |  |
| **Email:**  |  |
| **Payments accepted, please check all that apply:**  | \_\_\_\_\_Free; restrictions apply (e.g., grant or study eligibility)\_\_\_\_\_Federal insurance programs (e.g., Medicaid, Medicare, government  insurance, national health insurance)\_\_\_\_\_Private health insurance (HMOs, PPOs, HSAs)\_\_\_\_\_Out-of-network provider (billed for services and submit to insurance  for reimbursement)\_\_\_\_\_Self-pay sliding scale (based on family income)\_\_\_\_\_Self-pay professional rate |

1. **Is there anyone at your practice location who is already certified by PCIT International and is represented on our location map?**

**☐ Yes ☐ No**

**Personal Contact Information**

**(If different from website posting)**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Agency/Institution:** |  |
| **Address:** |  |
| **City, State, Zip** |  |
| **Phone number:** |  |
| **Email:**  |  |
| **Years of Clinical Practice:** |  | **Years at Current Agency:** |  |

**GRADUATE EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Highest Degree Completed (MS, PhD, PsyD, etc.):** |  | **Field of highest degree completed (social work, counseling psychology, clinical psychology, etc.):** |  |
| **Date of Degree****(MM/YYYY):** |  | **Institution:** |  |
| **Licensure** | **State** | **Type****(LCSW, LMFT, LPC, HSP, etc.)** | **Number** |
|  |  |  |
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1. **Are you CURRENTLY a doctoral student who has completed your third year of psychology graduate studies?**

**☐ Yes ☐ No**

1. **Are you a psychology doctoral student CURRENTLY completing a predoctoral internship or postdoctoral fellowship?**

**☐ Yes ☐ No**

**If you are not currently licensed, please complete the following regarding your CURRENT supervisor:**

|  |  |
| --- | --- |
| **Agency/Institution:** |  |
| **Supervisor/Credentials/ Licensure:** |  |
| **Supervisor email:** |  |
| **Expected Licensing Date:** |  |

**CASE EXPERIENCE**

Please document the cases you have completed (2 cases to graduation criteria required):

|  |  |  |
| --- | --- | --- |
| **Date Case Completed To Graduation****(Up to 4 most recent cases)** | **PCIT Manual Used****(e.g., 2009, 2011)** | **Therapist Role** **(e.g., primary therapist, equal co-therapist, etc.)** |
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**TRAINING AS A PCIT THERAPIST**

Please describe the training you received to become a PCIT Therapist:

**Face-to-Face (Didactic) Training:**

|  |  |
| --- | --- |
| **Trainer Name:** |  |
| **Trainer Affiliation:** |  |
| **Site of Training:** |  |
| **Format of Training (e.g., 40-hour workshop; 3-day + 2-day, Learning Collaborative, etc.):** |  |
| **Date Training Began (MM/YYYY):** |  | **Date Training Ended (MM/YYYY):** |  |
| **Total Hours PCIT Face-to-Face Training Received:** |  |

**Follow-Up Case Supervision/Consultation:**

|  |  |
| --- | --- |
| **Supervisor/ Consultant Name:** |  |
| **Supervisor/Consultant Affiliation:** |  |
| **Date Supervision/ Consultation Began (MM/YYYY):** |  | **Date Supervision/ Consultation Ended (MM/YYYY):** |  |
| **Supervision/Consultation Hours:** | **In-Person**  | **Internet/Real Time** | **Phone** | **Video Review** | **Total Supervision/Consultation** |
|  |  |  |  |  |

**INFORMATION FOR TRAINING**

**ADDITIONAL MATERIALS**

**Please indicate that you have attached the following documentation for verification:**

|  |  |
| --- | --- |
| **C:\Users\Owner\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\BRZBNE2F\MC900434713[1].wmf** | **Item** |
|  | **Copy of academic diploma or unofficial transcript. A picture of your diploma is acceptable documentation.**  |
|  | **Copy of your license or a copy of your supervisory agreement indicating whose license is covering you.** |
|  | **Documentation of Initial Training (i.e., 40 hours of face-to-face training with a PCIT Trainer that includes an overview of the theoretical foundations of PCIT, DPICS coding practice, case observations, and coaching with families, with a focus on mastery of CDI and PDI skills, and a review of the 2011 PCIT Protocol) from a Certified PCIT Trainer. Documentation typically includes a certificate of completion. If you do not have a certification of completion, a letter of recommendation from a PCIT Trainer may be used .** |
|  | **Documentation of Continuation Training from a Certified PCIT Trainer, including Therapist Core Competencies and at least twice a month contact via real-time consultation (e.g., telephone conference or live, online, or telehealth observation) or video review with a PCIT Trainer until two PCIT cases met graduation criteria. If the training was received prior to June 2013, then once a month contact is accepted as this reflects the older training guidelines.** |
|  | **Check for $225 made payable to PCIT International, Inc., or credit/debit card payment via PayPal.** |

**Eligibility affidavit\*\***

MANDATORY QUESTIONS

1. Do you have a physical or mental condition or addiction to any substance that could impair competent and objective professional performance of PCIT services and/or jeopardize public health and safety?

**☐ Yes ☐ No Explain any “YES” responses on an attached sheet of paper.**

1. Have you been subject to an investigation or disciplinary action by a health care organization, professional association, governmental entity, or regulatory or licensing agency or authority, and/or have you ever been convicted, found or entered a plea of guilty, or are you presently being investigated or charged with any felony or misdemeanor directly relating to PCIT services or public health and safety?

**☐ Yes ☐ No On an attached sheet of paper you must identify *ALL*** **investigations, allegations, charges and outcomes. Attach documentation if available.**

Note: If you are currently imprisoned, on probation or parole or involved in a case being appealed, PCIT International may deny certification or recertification until three (3) years following the exhaustion of your appeal, completion of probation or parole, or final release from imprisonment, whichever is later**.**

**YOU MUST NOTIFY PCIT INTERNATIONAL IMMEDIATELY IF ANY CIRCUMSTANCES ARISE THAT WOULD MODIFY A RESPONSE YOU HAVE PROVIDED ON THIS APPLICATION.**

**MANDATORY CERTIFICATION PROCESSING AGREEMENT\*\***

PCIT International agrees to process this application subject to your agreement to the following terms and conditions:

1. It is the policy of PCIT International not to release candidate information provided and contained in PCIT International applications, unless such information is requested by a state or federal licensing authority, agency, court of law, or otherwise properly subpoenaed.
2. PCIT International offers an online Certificant Registry to successful applicants. By applying, you authorize PCIT International to publish and/or release your successful certification or recertification status on the Certificant Registry.
3. To hold PCIT International harmless, and to waive, release and exonerate PCIT International, its officers, directors, employees, committee and task force members, and agents from any claims that you may have against PCIT International arising out of PCIT International’s review of this application, or any future applications relating to eligibility for certification, renewal, recertification or reinstatement, conduct of the examination, issuance of a disciplinary (professional conduct) sanction or decision, and/or publication or third-party disclosure of information related to the status of your application for certification by PCIT International.
4. To accurately identify to others (including employers and clients) that PCIT International certification, if granted, acknowledges that you have met PCIT International’s minimum standards, but does not warrant or guarantee your competence to provide professional services, and to indemnify PCIT International from and against any liability that may arise from PCIT International’s issuance of your certification or recertification and your professional practice.
5. To provide only information in your application to PCIT International that is true and accurate to the best of your knowledge. You agree to revocation or other limitation of your certification, if granted, should any statement made on this application or hereafter supplied to PCIT International be found to be false or inaccurate.
6. Once your application is approved by PCIT International, you will have 90 days from the approval date to complete the required PCIT Certification Experience. If you do not successfully complete and pass the examination within 90 days, you will need to reapply under the then-current standards and pay the then-current application fees.
7. Applicants will have three opportunities to pass the PCIT Certification Experience exam. Each question of the exam provides feedback on the answer and explanation of the correct answer. This feedback is designed to educate the applicant about current PCIT knowledge, procedures, and techniques. The exam has been designed to help assure that Certified PCIT Therapists understand the theoretical and scientific underpinnings of PCIT. The exam is “open book” and applicants may freely refer to the PCIT Protocol, DPICS Manual, and other training materials while taking the exam. Other than the 90 day window of opportunity, there is no other time limit to the exam. Applicants can enter and exit the exam within the 90 days period of time with no penalty. In the unlikely event that the exam is not passed by the third attempt, it will be necessary to retake the exam after further study, at a cost of $150.00.

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**Aknowledgments/ATTESTATION**

**I acknowledge the following:**

|  |  |
| --- | --- |
| **Initials** | **Acknowledging Statements** |
|  | **I understand that final decisions about Certification of PCIT Therapists will be made by PCIT International.** |
|  | **I have read and understand the Eligibility Affidavit and Mandatory Certification Processing Agreement.** |

**I attest that the information I have provided herein this application and accompanying materials is a true and accurate representation of my experiences and abilities.**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Signature:** |  | **Date:** |  |

**\*May insert electronic copy of written signature; or print, sign, and scan this page of the form to a PDF file.**