



Building the Future of CBT

National Association of Cognitive-Behavioral Therapists

102 Gilson Avenue
Weirton, WV 26062
(800) 853-1135 Fax: (304) 723-3982

Dear Colleague,

Thank you for your interest in the NACBT's **Certified Cognitive-Behavioral Therapist** (CCBT) credential. Enclosed, please find your application.

Please note two things. First, certification is effective for five (5) years. To re-certify, a member must submit at the end of the five years proof of continuing education received during the five-year certification period. The total number of required contact hours for the five years is twenty-five (25). If a member fails to meet the continuing education requirements at the end of the five-year certification period, he or she must pass the certification examination to re-certify.

Second, an updated diploma will be forwarded yearly upon the NACBT's receiving the annual re-certification and membership fees.

We look forward to receiving your application.

Rationally yours,

Aldo R. Pucci, MA, LPC, CCBT
President, NACBT

Mailing Address: P.O. Box 2195, Weirton, WV 26062

E-Mail: nacbt@nacbt.org Web Site: www.nacbt.org

About the National Association of Cognitive-Behavioral Therapists

The NACBT was founded to advance and promote the practice of cognitive-behavioral psychotherapy. The Association also functions to support cognitive-behavioral therapists through continuing education and networking.

The NACBT recognizes the need for national certification of cognitive-behavioral therapists. It has become quite fashionable to consider oneself a cognitive-behavioral therapist. This trend has led to the unfortunate circumstance of many therapists *identifying* themselves as cognitive-behavioral therapists despite minimal training and / or experience in the treatment approach. Therefore, the NACBT has developed standards of training and clinical experience in the field of cognitive-behavioral therapy to help insure that quality cognitive-behavioral treatment is provided by those claiming to be certified.

The Certified Cognitive-Behavioral Therapist (CCBT) Credential

Mental health professionals, regardless of specialization, who professionally qualify are permitted to apply for the credential of “Certified Cognitive-Behavioral Therapist .” ***The following criteria are required for certification:***

- A. Masters or doctoral degree in psychology, counseling, social work, psychiatry, or related field from a regionally accredited university.
- B. Six years of post-graduate experience at providing cognitive-behavioral therapy. This experience must be verified by a supervisor or supervisors.
- C. Three letters of recommendation from mental health professionals who are familiar with the applicant’s cognitive-behavioral skills.
- D. Successful completion of a primary or introductory certification program in cognitive-behavioral therapy that is recognized by the NACBT, such as the Primary Certificate Program in REBT, the Level-One Certification in Rational Behavior Therapy program, or Level-One Certification in Rational Living Therapy.

Re-Certification

Certification is effective for five (5) years. To re-certify, a member must submit at the end of the five years proof of continuing education received during the five-year certification period. The total number of contact hours for the five years is twenty-five (25). If a member fails to meet the continuing education requirements at the end of the five-year certification period, he or she may take the certification examination to re-certify. An updated diploma will be forwarded yearly upon the NACBT’s receiving the annual re-certification fee. The Association provides several avenues to obtain continuing education, including seminars throughout the USA and audio-taped lectures.

Membership in the NACBT

Successful applicants automatically join the NACBT. Benefits of NACBT membership include a quarterly newsletter, updates, an annual national conference, workshops throughout the year, and optional inclusion in our National Referral Database System at no additional charge.

Schedule of Fees

Application Fee.....\$100.00
(Includes NACBT One-Year Membership)

One (1) Year Re-Certification Fee & Membership (After the first year).....\$50.00
The Re-Certification and Membership fees are due yearly.

(Note: If you are currently an NACBT member, deduct \$25 from the Application Fee.)

Denial of the CCBT

Any candidate who is denied certification will receive a letter indicating the reason(s) and suggestions to rectify any deficiency. Those who wish to challenge denial may appeal the determination.

Refund Policy

Application fees are refunded if an application is denied. There will be no other refunds except for denial. No exceptions.

NACBT Code of Ethics

The National Association of Cognitive-Behavioral Therapists is adamant that its members adhere to the highest of professional standards. The Association reserves the right to suspend or revoke a certificate when, in its judgement, a member has violated the NACBT code of ethics.

All members of the NACBT:

- (1) Strictly adhere to the ethical guidelines of their profession (i.e., American Psychological Association, American Counseling Association);
- (2) Practice within the scope of their knowledge;
- (3) Continually strive to update their knowledge of cognitive-behavioral theory and techniques;
- (4) Avoid behaviors, both professionally and privately, that reflect negatively on the NACBT.

CCBT Grandfathering Application

- (1) Complete the entire application, leaving no blanks.
- (2) Mail the application forms, along with photo-copies of supporting documentation, such as training certificates, licenses, etc., and the application fee to:

**National Association of
Cognitive-Behavioral Therapists**

Attn: CCBT Application
P.O. Box 2195
Weirton, WV 26062

**Please make check or money orders for \$100.00 payable to:
National Association of Cognitive-Behavioral Therapists**

**Or you may fax the application and supporting materials to us by using MasterCard, VISA,
Discover, or American Express at:**

Fax #: (800) 853-1135

Fee: _____

Card Type: _____

Card Number _____

Expiration Date: _____

Signature _____

(A) Personal Data

Name: _____

Name as you would like it to appear on your diploma: _____

Address: _____

City / State / Zip: _____

Work Phone: _____ Home Phone: _____

State Certification / Licensure: _____ Number _____

Date Issued: _____ Expiration: _____

Social Security Number (Required): _____

(B) Education

1. University / College: _____

City / State: _____

Degree(s): _____ Date Awarded: _____

Courses related to CBT: _____

2. University / College: _____

City / State: _____

Degree(s): _____ Date Awarded: _____

Courses related to CBT: _____

3. University / College: _____

City / State: _____

Degree(s): _____ Date Awarded: _____

Courses related to CBT: _____

4. *Please request that official transcripts from the colleges / universities listed above be sent to the NACBT.*

5. *Please include with your application a copy of your graduate diploma(s).*

Career History

Please list your mental-health-related career experience beginning with your current employment.
Highlight your cognitive-behavioral experience.

1. Job Title: _____ Employer: _____

Begin Date: _____ Left Position On: _____

Duties: _____

2. Job Title: _____ Employer: _____

Begin Date: _____ Left Position On: _____

Duties: _____

3. Job Title: _____ Employer: _____

Begin Date: _____ Left Position On: _____

Duties: _____

4. Job Title: _____ Employer: _____

Begin Date: _____ Left Position On: _____

Duties: _____

(D) Training in Cognitive-Behavioral Therapy

Please list any training you have received in cognitive-behavioral therapy. Include documentation to prove that you received the training listed. (*Must include at a minimum an introductory certification in REBT, RBT, RLT, Cognitive Therapy, or similar program*).

(E) Publications Written

Please list any articles, research papers, presentations, or books you have authored on cognitive-behavioral topics.

(F) Verification of Skills & Experience

Please list the supervisor(s) (or other knowledgeable colleague(s)) that can verify your experience at applying cognitive-behavioral techniques. The NACBT will telephone the person / people you list.

<u>Name</u>	<u>Relationship (Supervisor / Colleague)</u>	<u>Telephone Number</u>
-------------	--	-------------------------

(G) Letters of Recommendation

Please list the three persons who will provide the NACBT letters of recommendation supporting your application.

<u>Name</u>	<u>Relationship (Supervisor / Colleague)</u>
-------------	--

(H) Referral Database

If your application is accepted, do you want listed in the NACBT National Referral Database?

_____ Yes _____ No

If “yes”, what telephone number do you want listed? _____

(I) Application Checklist

_____ Copy of graduate diploma(s)

_____ Requested transcripts from colleges / universities attended

_____ Documentation of training in CBT

_____ Your signature below

_____ Check or money order for \$100.00 (\$75.00 for NACBT Members)

(J) Affirmation

I certify that the information on this application is true, and I have read the NACBT code of ethics and subscribe to it. I also understand that the NACBT retains ownership of the CCBT credential and certificates to allow the NACBT to suspend or revoke the certification if I am found to be in violation NACBT of ethics.

Additionally, my signature below indicates that I understand that should my application be approved, I am required to obtain twenty-five (25) continuing education hours in cognitive-behavioral therapy every five years to maintain my credential. I also understand that a yearly membership and re-certification fee is required.

Signature

Date