Dear Colleague,

Thank you for your interest in the NACBT’s Diplomate in Cognitive-Behavioral Therapist (DCBT) 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, Psy.D.
President, NACBT
The National Association of Cognitive-Behavioral Therapists
P.O. Box 2195, Weirton, WV 26062

Application for NACBT Diplomate

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

We recognize 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 determined standards of training and clinical experience in the field of cognitive-behavioral therapy to help insure that quality treatment is provided.

By applying for Diplomate Status with the NACBT you are requesting recognition as a mental health professional whose understanding of CBT Principles and experience in the effective and skillful provision of CBT Psychotherapy are matched only by a dedication to the teaching and promotion of sound CBT principles.

Requirements For NACBT Diplomate Status

Mental health professionals, regardless of specialization, who professionally qualify are permitted to apply for the credential of “Diplomate in Cognitive-Behavioral Therapy.” 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. Ten 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 certification program (all levels) in cognitive-behavioral therapy that is recognized by the NACBT, such as Rational Emotive Behavior Therapy, Rational Behavior Therapy, Rational Living Therapy, or Cognitive Therapy.

Maintenance Of Diplomate Status

A. 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.

B. Diplomates must publish one article every year that is closely related to CBT. This can include submitting an article for publication in the NACBT’s quarterly newsletter, *Rational News*.

C. Diplomates must serve as an Associate on the NACBT Advisory Board and must exercise their voting privilege with the board.

**Membership in the NACBT**

Successful applicants automatically join the NACBT. Benefits of NACBT membership include a quarterly newsletter, updates, a yearly national conference, workshops throughout the year, and inclusion in our National Referral Database System.

**Schedule of Fees**

**Diplomate Application Fee** .................................................................$175.00
(Includes $75.00 for Annual NACBT Membership. Currently active NACBT members pay $100.00)

One (1) Year Re-Certification Fee & Membership Dues (After the first year).....................$100.00

**Denial of Diplomate Status**

Any candidate who is denied Diplomate Status 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 Diplomate Status when, in it’s 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.
The NACBT Diplomate 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 Diplomate Application fee to:

National Association of Cognitive-Behavioral Therapists
Attn: Diplomate Application
P.O. Box 2195
Weirton, WV 26062

Please make check or money orders for $175.00 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 Number: (304) 224-2584

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):__________________________________________
**Education**

1. University / College: _____________________________________________________
   City / State: ____________________________________________________________
   Degree(s):____________________________ Date Awarded: ________________________
   Courses related to Cognitive-Behavioral therapy:
                                                                                   ________________________________________________________________
                                                                                   ________________________________________________________________

2. University / College: _____________________________________________________
   City / State: ____________________________________________________________
   Degree(s):____________________________ Date Awarded: ________________________
   Courses related to Cognitive-Behavioral therapy:
                                                                                   ________________________________________________________________
                                                                                   ________________________________________________________________

3. University / College: _____________________________________________________
   City / State: ____________________________________________________________
   Degree(s):____________________________ Date Awarded: ________________________
   Courses related to Cognitive-Behavioral therapy:
                                                                                   ________________________________________________________________
                                                                                   ________________________________________________________________

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).

6. **Career History**

   Please list your mental-health-related career experience beginning with your current employment. *Particularly 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 certification (all levels) in REBT, RBT, RLT, Cognitive Therapy, or similar program*).

(E) **Special Professional Achievements and Achievements Related to Cognitive-Behavioral Therapy.**

Please list any special professional or academic awards, special training, or certifications you have received and highlight those achievements related to cognitive-behavioral therapy.
(F) **Publications Written**

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

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(G) **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.

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<th>Name</th>
<th>Relationship (Supervisor / Colleague)</th>
<th>Telephone Number</th>
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(H) **Letters of Recommendation**

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

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<th>Name</th>
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(I) **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? ________________________________
(H) **Application Checklist**

- Application form
- Resume or other supporting material
- State licensure / certification copies (if applicable)
- Verification of skills signed
- Your signature below
- Check or money order for $175.00 ($100.00 for current NACBT Members)

(I) **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 Diplomate credential and certificates. The NACBT may suspend or revoke my Diplomate Status if I am found to be in violation of the NACBT Code Of Ethics.

_______________________________________________          ___________________
Signature                                                                                                 Date