



*Building the Future of CBT*

# National Association of Cognitive-Behavioral Therapists

102 Gilson Avenue  
Weirton, WV 26062  
(800) 253-0167 Fax: (304) 224-2584

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

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

E-Mail: [nacbt@nacbt.org](mailto:nacbt@nacbt.org) Web Site: [www.nacbt.org](http://www.nacbt.org)

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The National Association of Cognitive-Behavioral Therapists  
P.O. Box 2195, Weirton, WV 26062

## **Application for NACBT Diplomate**

### **The National Association of Cognitive-Behavioral Therapists**

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**

<b>Diplomate Application Fee</b> .....	\$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):** \_\_\_\_\_

**(B) 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.

**(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.

<u>Name</u>	<u>Relationship (Supervisor / Colleague)</u>	<u>Telephone Number</u>
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**(H) 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>	<u>Phone No.</u>
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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