

**A GUIDE
TO AREBT
ACCREDITATION &
RE-ACCREDITATION.**

**INCLUDES
APPLICATION FORMS
& CPD LOG-BOOK**

GUIDELINES FOR ACCREDITATION APPLICATION FORM



Accreditation with AREBT entitles the therapist to registration with The UK Register of Cognitive and Behavioural Psychotherapists

Please Note

Full Accreditation is awarded to applicants who have completed a minimum of one year clinical experience using REBT under supervision following their CBT/REBT training.

Provisional accreditation is awarded to applicants who have completed their training but who have not yet completed one year clinical experience using REBT under supervision.

In order to gain full accreditation, newly qualified therapists will need to make a second “reduced” application one year after their provisional accreditation with evidence that they have been delivering REBT in a clinical setting under clinical supervision from an appropriately qualified supervisor and that they have taken part in a minimum of 30 hours CPD.

Completing the form

Personal Details

This section is self explanatory but those applicants who do not wish to display ANY address either on the AREBT register or the Register of UK CBT practitioners should insert the term “Not Applicable” in the Practice Address box.

Criterion 1

You must have a Core Profession in order to apply for full accreditation by the direct route. Recognised Core Professions are as listed. If you do not have a Core Profession but feel that you have extensive experience which has provided you with the essential knowledge, skills and attitude which are deemed necessary for accreditation then you would need to apply for accreditation through the KSA route. Details for KSA application will be made available on the AREBT website shortly.

You should specify which qualification you have which relates directly to your Core Profession.

Indicate which Professional Body has registered you in you Core Profession.

Criterion 2

You need to give an account of a **minimum** of 1 year experience when you have practiced in your Core Profession. This is likely to be prior to your clinical experience as REB therapist.

Criterion 3

You must provide evidence that you have successfully completed 450 hours of training in Cognitive and Behavioural training where REBT has formed a major component of the curriculum. You will need to provide certificates from each of your training courses.

A list of approved courses can be found on the AREBT website.

Criterion 4

You will need to obtain signatures from the supervisors who were responsible for supervising your clinical practice during your period of training.

During your training, 8 of your cases should have been supervised intensively by use of audio or video tapes. You should have also written up these cases which should have been monitored by lecturers/course leaders on your training course. You **do not** need to send photocopies of these log notes with your application form, but should have them available in case further evidence is required to support your application.

You will need to explain how you are currently receiving Supervision. This may include group and peer supervision BUT it must be clear that you receive regular individual supervision from a properly qualified therapist ie accredited by AREBT or BABCP.

You are advised to supply additional information regarding your work with REBT which might support your application.

Criterion 5

You must provide a report, on the form provided, from a supervisor who knows your work well. This supervisor does NOT NEED to be an Accredited Supervisor BUT MUST BE an accredited *therapist* with either AREBT or BABCP.

Simply attach the completed supervisor report to your application form.

Criterion 6

If you are applying for immediate FULL accreditation you will need to provide evidence that you have been taking part in a range of professional development events since completing your training in CBT/REBT.

If you have recently completed your CBT/REBT training and are seeking Provisional Accreditation then you do not need to complete this section of the application form at this stage. Provided all other criteria are satisfied you will be awarded Provisional Accreditation for one year. At the end of that year you will be expected to submit a second "reduced" application with evidence that you have been working in a clinical setting, using REBT as a treatment under supervision and that you have completed 30 hours of CPD (Continuing Professional Development) in order to gain Full Accreditation. If you fail to make the second "reduced" application at the end of your provisional period, your name will be removed from the register.

Criterion 7

It is essential that you hold Professional Liability Insurance. AREBT currently have an arrangement with an Insurance Company who provide reduced rates for AREBT members.

Please contact AREBT office for details. Otherwise, a company of your own choosing is equally acceptable.

Applicant Declaration

You MUST answer ALL of the 5 questions featured in the declaration. Failure to do so will delay/jeopardize your application.

It is important that you acquaint yourself fully with the **Code of Practice** drawn up by AREBT.

Finally

Enclose a cheque for £80 made out to AREBT

Please sign and date your completed application form. Send the original and another copy to:

AREBT - Englewood, Farningham Hill Road, Farningham, Kent, DA4 0JR

The accreditation process takes between 4-6 weeks.

Your application will be assessed by two assessors

Deliberately false statements will result in rejection of application/removal of accreditation.

We advise that you keep a photocopy of your application form for your own reference before sending your application to AREBT.

AREBT

APPLICATION FOR ACCREDITATION AS A RATIONAL EMOTIVE BEHAVIOUR THERAPIST



TWO SETS OF COMPLETED FORM AND ONE SET OF ATTACHMENTS ARE REQUIRED.

Please refer to the Accreditation Guidelines when completing this form. It is important that all sections are completed and failure to do so may delay your application process. PLEASE USE BLACK INK AND CAPITAL LETTERS (if completing by hand)

Personal Details

FULL NAME	
TITLE (Mr/Mrs/Dr etc)	
Current Job Title	
Private Home Address <i>(This address will be used for AREBT correspondence. You have the option to use a different address for entry in AREBT and UKCBT registers)</i>	Post Code
Practice Address <i>This address will be featured in AREBT and UKCBT registers. Be aware that these registers are available to the public. if you do not wish any address to feature on the registers then write "Not Applicable"</i>	Post Code
Telephone (Home)	
Telephone (Office)	
Mobile	
E Mail	
AREBT Membership No	

<i>Office Use Only</i>	<i>Date received</i>	<i>Fee Paid</i>	<i>Supervisor Reference</i>	<i>Photocopied Evidence</i>	<i>Sections Passed</i>	<i>Sections Failed</i>	<i>Examined By</i>

EVIDENCE OF PROFESSIONAL QUALIFICATION

Please identify your Core Profession from those listed below by ticking the appropriate box.

APPLIED PSYCHOLOGY	
Clinical Psychology	<input type="checkbox"/>
Counseling Psychology	<input type="checkbox"/>
Educational Psychology	<input type="checkbox"/>
Forensic Psychology	<input type="checkbox"/>
NURSING	
Mental Health Nursing	<input type="checkbox"/>
Learning Disability Nursing	<input type="checkbox"/>
General Nursing with Psychotherapy Training	<input type="checkbox"/>
MEDICINE	
Psychiatric Medicine	<input type="checkbox"/>
General Practice	<input type="checkbox"/>
Other Medicine with Psychotherapy Training	<input type="checkbox"/>
ALLIED HEALTH PROFESSIONS	
Occupational Therapy	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>
OTHER HELPING PROFESSIONS	
Counseling (BACP, COSCA Accredited))	<input type="checkbox"/>
Social Work	<input type="checkbox"/>
Probation Service	<input type="checkbox"/>
Education with additional psychotherapy training	<input type="checkbox"/>

Please detail your professional qualifications which relate to the above core professions.

Date Achieved	Qualification	Awarding Body/Institution

Enclose duplicate copies of each certificate relating to your qualifications

NOTE: If you are not qualified in one of the Core Professions listed above, you will need to apply for Accreditation through the KSA route. Please find further information on the AREBT website.

Professional Membership/Registration

Professional Body/Institution	Registration/Membership Number

Criterion 2

EVIDENCE OF PROFESSIONAL ACCOUNTABILITY

Core Profession

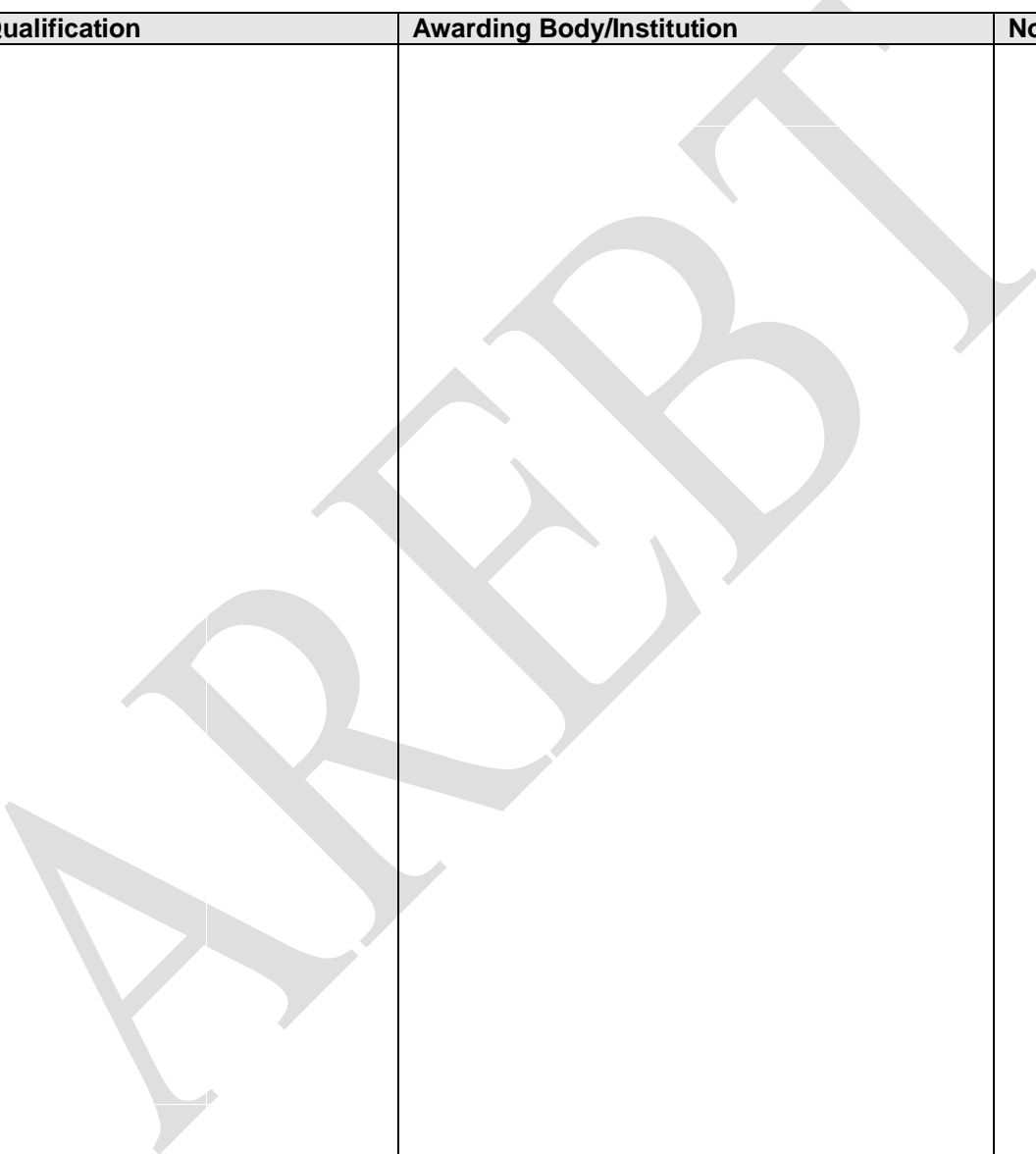
Give details of *minimum* 1 year practice in your Core profession during which you were supervised by a senior practitioner.

Date	Employer	Post Held	Name of Supervisor	Position of Supervisor

Criterion 3

**EVIDENCE OF APPROVED TRAINING IN
RATIONAL EMOTIVE BEHAVIOUR THERAPY**

You must be able to evidence that you have successfully completed a minimum of 450 hours training in Cognitive and Behavioural Therapy where REBT has formed a major part of the curriculum and of which 200 hours have been led by named trainers. A list of approved training centres can be found on the AREBT website.

Date	Qualification	Awarding Body/Institution	No of Hours
			

Total No. Hours	
------------------------	--

Please enclose duplicate copies of all certificates relating to above

Criterion 4

CLINICAL SUPERVISION

INTENSIVELY SUPERVISED CLINICAL PRACTICE DURING TRAINING

Please detail 8 individual cases which have been supervised closely during your CBT/REBT training. Your signing supervisor should be a lecturer/supervisor from an approved training course. These cases should demonstrate a variety of psychological conditions, in other words, it would not be acceptable if all the cases had been treated for depression. All cases should have been supervised using audio/video presentation and have detailed accompanying notes.

Client Code No.	Condition Treated	Number of Clinical Hours which were supervised.	Name of Supervisor	Signature of Supervisor
1				
2				
3				
4				
5				
6				
7				
8				
<i>Total number of hours intensive supervision</i>				

I have completed an additional hours of supervision during training to satisfy the 200 hours minimum requirement. (Signed) Date.....

Criterion 4 - Continued

Clinical Practice using REBT as a therapeutic treatment

Please detail your clinical practice, this should include placements during your CBT/ REBT training.

Date	Employer	Name of Supervisor	Clinical Setting/ Client Group	No. of hours per week delivering REBT

Detail your supervision arrangements over the last 12 months .

Date	Individual/ Group/ Peer Review	Name of Supervisor/ Lead Supervisor	Please specify whether This supervisor is accredited by AREBT or BABCP?	No of Hours in supervision

Additional Work Experience in REBT (Supervision/Training/Consultation)

Please detail any experience since completing your training in CBT/REBT that might support your application

Date	Employer	Position Held	Work Setting	No of hours per year

Total No. Hours	
------------------------	--



SUPERVISOR'S REFERENCE

**TO SUPPORT A THERAPIST APPLICATION
FOR ACCREDITATION WITH
THE ASSOCIATION FOR RATIONAL EMOTIVE BEHAVIOUR THERAPY**

Applicant's Name

The therapist named above has applied for accreditation with AREBT. In order for this application to be considered further, we require a reference from a supervisor who is familiar with the content and standard of the applicant's clinical practice. The supervisor must him/herself be an accredited therapist with either AREBT, BABCP or BACP.

If you are willing to provide a reference for the applicant, please complete this two page form and return to the applicant in a sealed envelope. You may wish to discuss the content of your reference with the applicant. AREBT may contact you to discuss the content of your reference.

SUPERVISOR DETAILS

NAME	
ADDRESS	
	Post Code:
TELEPHONE	
E Mail	
Please state which professional body are you accredited with and your registration number ?	
Your Current Employment	
How long have you provided supervision for the Applicant ?	

Please answer the following questions:

What is the frequency and length of the supervision sessions you carry out with the applicant?

Describe the nature of the clinical work undertaken by the applicant. (Client group, psychological problems)

How do you evaluate the applicant's practice (audio/video tapes, discussion etc) ?

How would you describe the applicant's competence with regard to case conceptualization/formulation?

How would you describe the applicant's competence with regard to the delivery of Rational Emotive Behavior Therapy?

How would you describe the applicant's competence to maintaining the therapeutic relationship with regard to starting and ending treatment and maintaining boundaries?

Are you happy to recommend this applicant for accreditation at this time ? YES / NO
Signature..... Date

Criterion 6

**EVIDENCE OF CONTINUING PROFESSIONAL DEVELOPMENT
DURING THE LAST YEAR (For those applicants who are seeking immediate full accreditation)**

ATTENDANCE AT REBT/CBT EVENTS - THEORY e.g. symposia, lectures, conferences, seminars etc.			
Date	Event, Topic and Speaker	Org. Body	Hours
			Total
ATTENDANCE AT REBT/CBT EVENTS - PRACTISE/SKILLS e.g. skills-based workshops, role play			
Date	Event, Topic and Speaker	Org. Body	Hours
			Total
PROVISION OF REBT/CBT TRAINING e.g. giving a workshop, running REBT/CBT courses			
Date	Topic and Audience	Org. Body	Hours
			Total

REBT/CBT ACADEMIC RESEARCH which you have carried out			
Topic			Hours Spent

			Total
REBT/CBT ACADEMIC PRESENTATIONS made by you			
Date	Topic and Audience	Org. Body	Hours
			Total
<i>(AREBT requires a balance of the categories of activity for a minimum of 30 hours per year)</i> ANNUAL CPD – GRAND TOTAL HOURS:			
REBT/CBT PUBLICATIONS (yourself as author)			
Date	Title	Publication/Publisher	
REBT/CBT READING - Minimum 5 samples of literature used/consulted during year			
Title and Author			

Deliberately false statements will result in your removal from the list of Accredited AREBT Members

Criterion 7

PROFESSIONAL LIABILITY INSURANCE

It is essential that you provide evidence that you are covered by Professional Liability Insurance. Please identify your insurer below and enclose duplicate copies of your insurance certificate.

Name of Insurance Company	
Policy No.	
Photocopy of certificate enclosed	YES <input type="checkbox"/> NO <input type="checkbox"/>

APPLICANT DECLARATION

Please answer ALL questions below	Yes	No
Have you ever been convicted of a criminal offence either in the UK or abroad? (If yes please give full information on a separate sheet and attach)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been found guilty of a civil offence? (If yes please give full information on a separate sheet and attach)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been refused or removed from membership of any other professional body because of professional misconduct? (If yes please give full information on a separate sheet and attach)	<input type="checkbox"/>	<input type="checkbox"/>
Have you been or are you currently involved in any professional disciplinary action? (If yes please give full information on a separate sheet and attach)	<input type="checkbox"/>	<input type="checkbox"/>
Are there any current criminal/civil proceedings against you? (If yes please give full information on a separate sheet and attach)	<input type="checkbox"/>	<input type="checkbox"/>

Please read carefully and sign below to complete your application.

- I state that the information I have provided in my application for accreditation is correct.
- I am a member of The Association for Rational Emotive Behaviour Therapy.
- I have read and agree to abide by the Code of Practice drawn up by AREBT.

FULL NAME	SIGNATURE	DATE

To complete your application:

- Enclose cheque for £80.00 Made out to AREBT
- Send two sets of application forms complete with all required photocopied attachments to:

AREBT - Englewood, Farningham Hill Road, Farningham, Kent, DA4 0JR

Note

- Please allow 4-6 weeks for the accreditation process.
- Deliberately false statements will result in rejection of application/removal of accreditation.

CHECKLIST

**Use this checklist to ensure that your application is complete.
Please do not include it with your application form.**

Your completed application should include:-

- One original completed & **signed** Accreditation application form plus one further **copy**.
- 1 set of photocopies of certificates to evidence qualifications in your Core Profession (*Criterion 1*).
- 1 set of photocopies of certificates to evidence your accredited training in REBT (*Criterion 3*).
- Signatures from your supervisor/s to evidence that you have treated 8 closely supervised clients (*Criterion 4*).
- A reference from your supervisor who **MUST** be accredited with either AREBT or BABCP. (*Criterion 5*).
- 1 set of photocopies of certificates to evidence your Continued Professional Development if you are applying for **immediate** full accreditation (*Criterion 6*).
- A copy of your Professional Indemnity Insurance policy (*Criterion 7*).
- Cheque for £80 made payable to AREBT.

Guide only: The accreditation process takes between 4-6 weeks

GUIDELINES FOR COMPLETING THE RE-ACCREDITATION APPLICATION FORM



***Accreditation lasts for a period of five years.
At the end of this period practitioners are required to submit
a new application for re-accreditation***

Completing the form

Personal Details

This section is self explanatory but those applicants who do not wish to display ANY address either on the AREBT register or the Register of UK CBT practitioners should insert the term "Not Applicable" in the Practice Address box. Should your application for re-accreditation be successful you will be contacted with regard to your listing on the UK CBT register.

Section 2

You will need to give an account of where you have been practicing during the five years following your last accreditation. You also need to give an outline of your supervision arrangements during the same 5 years.

Log Books

You will need to supply 2 detailed logs which evidence your supervision and Continuing Professional Development over the 5 years. **Log book pages can be downloaded from the AREBT website.** Please ensure that each year is clearly identified. 15 pages of logs should be submitted in all ie 5 supervision sheets and 10 CPD sheets.

Section 3

You are asked to provide further information on REBT related work which may not be clinical but which may be useful in supporting your application for re-accreditation.

Supervisors Reference

You will need to use the form provided to obtain a reference from your supervisor. Your supervisor must be accredited with either AREBT, BABCP or BACP and must have a sound knowledge of your practice. References may be checked.

Professional Liability Insurance

It is essential that you hold adequate professional liability insurance and that you provide a photocopy of your insurance certificate.

Please send your completed form with all attachments to:

AREBT - Englewood, Farningham Hill Road, Farningham, Kent, DA4 0JR

Please allow between 4-6 weeks for the re accreditation process.

APPLICATION FOR RE-ACCREDITATION AS A RATIONAL EMOTIVE BEHAVIOUR THERAPIST



TWO SETS OF COMPLETED FORMS AND ONE SET OF ATTACHMENTS ARE REQUIRED.

Please refer to the Re-accreditation Guidelines when completing this form. It is important that all sections are completed and failure to do so may delay your application process.
PLEASE USE BLACK INK AND CAPITAL LETTERS (if completing by hand)

SECTION 1 Personal Details

FULL NAME			
TITLE (Mr/Mrs/Dr etc)			
Current Job Title			
Private Home Address <i>(This address will be used for AREBT correspondence. You have the option to use a different address for entry in AREBT and UKCBT registers)</i>			
	Post Code		
Practice Address <i>This address will be featured in AREBT and UKCBT registers. Be aware that these registers are available to the public. if you do not wish any address to feature on the registers then write "Not Applicable"</i>			
	Post Code		
Telephone (Home)			
Telephone (Office)			
Mobile			
E Mail			
AREBT Membership No		Date of initial Accreditation	

Office Use Only	Date received	Fee Paid	Supervisor Reference	Photocopied Evidence	Sections Passed	Sections Failed	Examined By

SECTION 2

Clinical Practice using REBT as a therapeutic treatment

Please provide an overview of your clinical practice clearly identifying each year over the last 5 years - Please note: the required annual CPD forms should show a more detailed yearly analysis of both practice and theory.

Date	Employer	Name of Supervisor	Clinical Setting/ Client Group	No. of hours per week delivering REBT

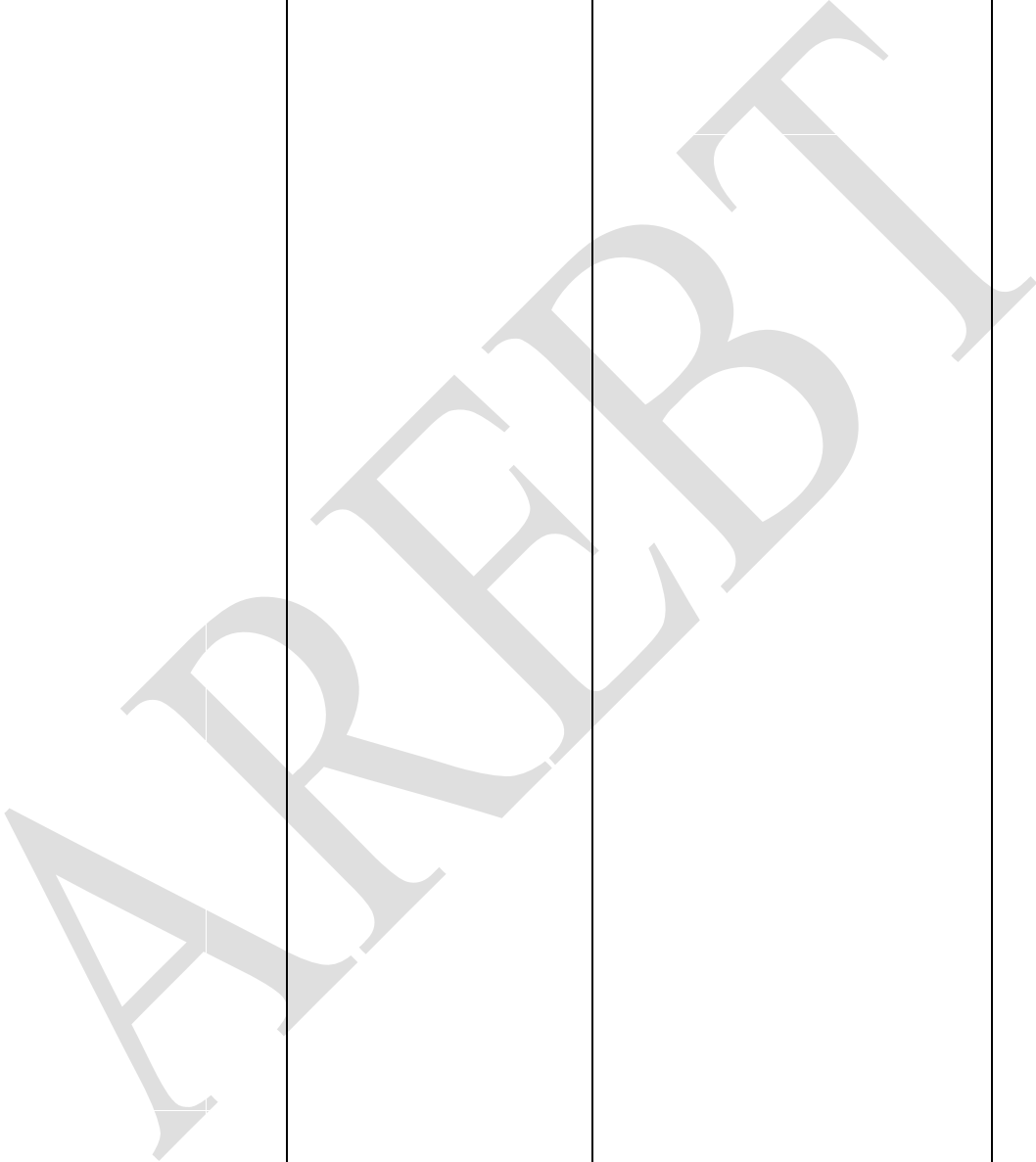
Outline your supervision arrangements over the last 5 years . You will provide more detail in your supervision log.

Date	Individual/ Group/ Peer Review	Name of Supervisor/ Lead Supervisor	Please specify whether This supervisor is accredited by AREBT or BABCP?	No of Hours in supervision

SECTION 3

Additional Work Experience in REBT (Supervision/Training/Consultation)

Please detail any experience during the last 5 years that might support your application. Additional Work experience or new/advanced qualifications or professional recognitions since your last application for accreditation"

Date	Employer	Position Held	Work Setting	No of hours per year
				

Total No. Hours	
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SUPERVISOR'S REFERENCE

TO SUPPORT A THERAPIST APPLICATION
FOR RE-ACCREDITATION WITH
THE ASSOCIATION FOR RATIONAL EMOTIVE BEHAVIOUR THERAPY

Applicant's Name

The therapist named above has applied for re-accreditation with AREBT. In order for this application to be considered further, we require a reference from a supervisor who is familiar with the content and standard of the applicant's clinical practice. The supervisor must him/herself be an accredited therapist with either AREBT, BABCP or BACP.

If you are willing to provide a reference for the applicant, please complete this two page form and return to the applicant in a sealed envelope. You may wish to discuss the content of your reference with the applicant. AREBT may contact you to discuss the content of your reference.

SUPERVISOR DETAILS

NAME	
ADDRESS	
TELEPHONE	Post Code:
E Mail	
Please state which professional body are you accredited with and your registration number ?	
Your Current Employment	
How long have you provided supervision for the Applicant ? If it is under five years please indicate the exact dates.	

Supervisor reference- Part 2

Please answer the following questions.

What is the frequency and length of the supervision sessions you carry out with the applicant?

Describe the nature of the clinical work undertaken by the applicant. (Client group, psychological problems)

How do you evaluate the applicant's practice (audio/video tapes, discussion etc) ?

How would you describe the applicant's competence with regard to case conceptualization/formulation?

How would you describe the applicant's competence with regard to the delivery of Rational Emotive Behavior Therapy?

How would you describe the applicant's competence to maintaining the therapeutic relationship with regard to starting and ending treatment and maintaining boundaries?

Are you happy to recommend this applicant for accreditation at this time ? YES / NO
Signature..... Date

PROFESSIONAL LIABILITY INSURANCE

It is essential that you provide evidence that you are covered by Professional Liability Insurance. Please identify your insurer below and enclose a copy of your insurance certificate.

Name of Insurance Company	
Policy No.	
Photocopy of certificate enclosed	YES <input type="checkbox"/> NO <input type="checkbox"/>

LOG BOOKS

Please enclose a log of your supervision AND Continuing Professional Development over the last 5 years since your last accreditation. Log book pages should be downloaded from the AREBT website

APPLICANT DECLARATION

Please answer ALL questions below	Yes	No
Have you been convicted of a criminal offence either in the UK or abroad during the last 5 years? (If yes please give full information on a separate sheet and attach)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been found guilty of a civil offence during the last 5 years? (If yes please give full information on a separate sheet and attach)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been refused or removed from membership of any other professional body because of professional misconduct during the last 5 years? (If yes please give full information on a separate sheet and attach)	<input type="checkbox"/>	<input type="checkbox"/>
Have you been or are you currently involved in any professional disciplinary action within the last 5 years? (If yes please give full information on a separate sheet and attach)	<input type="checkbox"/>	<input type="checkbox"/>
Are there any current criminal/civil proceedings against you? (If yes please give full information on a separate sheet and attach)	<input type="checkbox"/>	<input type="checkbox"/>

Please read carefully and sign below to complete your application.

- I state that ALL information I have provided in my application for re-accreditation is correct.
- I am a member of The Association for Rational Emotive Behaviour Therapy.
- I have read and agree to abide by the Code of Practice drawn up by AREBT.

FULL NAME	SIGNATURE	DATE

To complete your application:

- Enclose cheque for £50.00 Made out to AREBT
- Send two sets of application forms complete with one set of all required photocopied attachments to:

AREBT - Englewood, Farningham Hill Road, Farningham, Kent, DA4 0JR

Note

- Please allow 4-6 weeks for the re-accreditation process.
- Deliberately false statements will result in rejection of application/removal of accreditation.

CHECKLIST

**Use this checklist to ensure that your application is complete.
Please do not include it with your application form.**

Your completed application should include:-

- One original completed & **signed** Re-accreditation application form plus one further **copy**.
- 1 set of photocopies of certificates to evidence your Continuing Professional Development
- A reference from your supervisor who **MUST** be accredited with either AREBT or BABCP.
- 5 year log of CPD
- 5 year log of supervision
- A copy of your Professional Liability Insurance policy
- Cheque for £80 made payable to AREBT.

Guide only: The re-accreditation process takes between 4-6 weeks



LOG BOOKS

Please use the following pages to document your supervision and Continuing Professional Development over the 5 year period since your last accreditation.

Please duplicate the following pages below and indicate clearly which year is being evidenced. You must use separate sheets for each of the five years.

Each sheet should be clearly identified Year 1, Year 2, Year 3, Year 4, Year 5.

15 sheets in all should be submitted for re-accreditation ie 5 sheets for supervision and 10 sheets for CPD.

It is essential that you submit both log books when applying for re-accreditation. Failure to do so will delay your application.



LOG OF SUPERVISION IN REBT/CBT

YEAR **FROM**.....**TO**

Date	Individual/ Group/ Peer	Name of Supervisor or number of people in group with name of facilitator	Duration of meeting. Contact hours.	Content. What was discussed with your supervisor?	Method – Case presentation/ Audio/ Video/ Telephone

Deliberately false statements will result in your removal from the list of Accredited AREBT Members

LOG OF CONTINUING PROFESSIONAL DEVELOPMENT SINCE ACHIEVING LAST ACCREDITATION



This should total 30 hours per year and should demonstrate a variety of experience.

YEAR - **FROM** **TO**

CPD page 1

ATTENDANCE AT REBT/CBT EVENTS - THEORY e.g. symposia, lectures, conferences, seminars etc.			
Date	Event, Topic and Speaker	Org. Body	Hours
			Total
ATTENDANCE AT REBT/CBT EVENTS - PRACTISE/SKILLS e.g. skills-based workshops, role play			
Date	Event, Topic and Speaker	Org. Body	Hours
			Total
PROVISION OF REBT/CBT TRAINING e.g. giving a workshop, running REBT/CBT courses			
Date	Topic and Audience	Org. Body	Hours
			Total

CPD page 2

bb

REBT/CBT ACADEMIC RESEARCH which you have carried out

Topic	Hours Spent
	Total _____

REBT/CBT ACADEMIC PRESENTATIONS made by you

Date	Topic and Audience	Org. Body	Hours
			Total

(AREBT requires a balance of the categories of activity for a minimum of 30 hours per year)
ANNUAL CPD – GRAND TOTAL HOURS:

REBT/CBT PUBLICATIONS (yourself as author)

Date	Title	Publication/Publisher

REBT/CBT READING - Minimum 5 samples of literature used/consulted during year

Title and Author

Please provide one set of photocopies of attendance certificates to support the information given above.