



Application for Certification in Dialectical Behavior Therapy

Date: _____

Name: _____

Address: _____

City/State/Zip/Country: _____

Phone: (_____) _____

Email Address: _____

Please submit the following with this application:

1. Copy of your license
2. Copies of the Continuing Education (CE) certificates and/or course syllabus and transcript showing course completion
3. Pay online at <https://catalog.evgci.com/Search/MembershipTypesList> or send check or money order for \$249.99 – make check payable to Evergreen Certification Institute

I attest to the following (please initial each):

___ My license to practice therapy is current

___ My license to practice is in good standing as outlined in Criterion B of the Certification Requirements

___ I have completed the required education hours of Dialectical Behavior Therapy and Suicide/Risk Assessment and Intervention

___ I have read the publications as outline in Criterion D of the Certification Requirements

___ I have used Dialectical Behavior Therapy as a primary theoretical orientation for a minimum of 500 therapy hours

___ I use clinical outcome evaluation procedures to monitor and adjust therapy consistent with the APA policy on evidence-based practice

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my licensing board may be contacted. I understand that information submitted with this application may be verified for accuracy by Evergreen

Certification Institute. I also agree to contact Evergreen Certification Institute in the event that I would no longer meet the requirements to be a certified Dialectical Behavior Therapy provider.

Signed:

Date:

Please send this completed application, requested documentation and payment to:

Evergreen Certification Institute
P.O. Box 900
c/o Application Team
Eau Claire, WI 54701

You will receive notice via email when your application is received and we will contact you if there are any issues with your application. Upon certification approval, you will receive an email notifying you as such and include information on how to add your practice information to the provider registry.