

E u r o p e a n A s s o c i a t i o n f o r
P s y c h o t h e r a p y



Practitioner Registration Form for European Certificate of Psychotherapy

Please complete every question. Information will be made available to enquirers.

Version Feb. 2005

1) Last Name:.....

2) Any other last names under which you have been previously registered as

an ECP holder:.....

3) First Name(s):.....

4) Abbreviated Title(s) to write on the certificate (Dr., Prof., etc.):.....

5) Female Male

6) Date of birth: / /
(Day) (Month) (Year)

PLACE PHOTO HERE

The following address will be published in the ECP register:

7) Professional address:
for clients Street:
City:
Country:.....Postal code:.....
Phone No.:
Fax No.:
Email address:
Home page:.....

8) Other address:
Street:
City:
Country:.....Postal code:.....
Phone No.:
Fax No.:
Email address:
Home page:

9) Which address should be your mailing address? professional address other address

PLEASE TURN OVER

10) If you received the ECP as a result of graduation from an accredited training organizations, what is the name of that organization?.....

11) National awarding organisation (NAO) which recommended you for the ECP:

12) In which country are you currently practising?.....

13) Which NAO currently registers you and would be the relevant country to deal with complaints or disciplinary matters in which you are involved?.....

If this is not the NAO of the country specified in (11) please explain why

14) Write here any modality or modalities of psychotherapy that appear under your name in the register of the NAO specified in: .

15) Which EWAO currently registers you and would be the relevant modality to deal with any complaints or disciplinary matters in which you are involved?.....

If this is not the EWAO of the modality specified in (14) please explain why

16) Native language: 17) Other languages spoken:

18) Do your practice premises have facilities for disabled people? Yes No

EAP has an active programme of continuing professional development and of research. If you do not wish to receive mailing about CPD or about research, please tick here.

False information may lead to the removal of your name from the Register of ECP holders. Failure to notify the Registrar of the Association of changes of the registered address details given above may also result in your name being removed.

I'm aware that I will have to pay an annual fee (30 euros per year for Western countries, and less for Eastern ones) for the maintenance of my name on the *European Register of Psychotherapists* (ERP) and to support the development of the specific profession of psychotherapy in Europe. By signing this I give permission that the shaded information will be published on the internet.

I have read the above and agree to the conditions.

Date:..... Signature: