**Letter of Support**

Date:

Name of Applicant:

**PART A: Referee Information**

1. Name
2. Degree and licensing information
3. Contact Information
4. Are you certified by CACBT or another credible certifying organization (e.g., the Academy of Cognitive Therapy, the British Association of Behavioural and Cognitive Psychotherapies, the Beck Institute)?

[ ]  Yes. Please indicate the name of the certifying organization. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No

1. If you answered No to Question 4, please briefly describe your expertise (i.e., your training and experience) in CBT and provide a CV.

(Applicant: Please make sure to upload the CVs of any non-certified referees.)

**PART B: Knowledge of the Applicant**

1. Describe the nature of your involvement with the applicant, what activities they completed under your clinical supervision/consultation, and the frequency and duration of your supervision/consultation relationship.
2. Please indicate which of the following methods you used to evaluate the applicant’s CBT knowledge and skills (check all that apply)
	* Direct (“live”) observation
	* Review of video or audiotaped sessions
	* Ratings of live or recorded sessions (using a standardized rating scale such as the CTS-R)
	* Case discussion
	* Review of written or presented case conceptualizations
	* Review of session notes/progress notes
	* Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART C: Evaluation of the Applicant’s Knowledge and Skill**

1. Please rate the applicant by putting an “X” or checkmark “in the following areas:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Domain** | **Incompetent** **(inappropriate performance, with major problems evident)** | **Novice** **(evidence of competence, but numerous problems and lack of consistency)** | **Advanced beginner****(competent, but some problems and/or inconsistencies)** | **Competent****(good features, but minor problems and/or inconsistencies)**  | **Proficient** **(very good features, minimal problems and/or inconsistencies)** | **Expert****(excellent performance, even in the face of patient difficulties)** | **No basis for rating** |
| **CBT knowledge** |  |  |  |  |  |  |  |
| **Case conceptualization**  |  |  |  |  |  |  |  |
| **Structuring sessions** |  |  |  |  |  |  |  |
| **Therapeutic alliance** |  |  |  |  |  |  |  |
| **Behavioural interventions** |  |  |  |  |  |  |  |
| **Cognitive interventions** |  |  |  |  |  |  |  |
| **Relapse prevention** |  |  |  |  |  |  |  |

1. If you rated the applicant as below competent in any domain, please explain your rationale for supporting their application for certification.

**PART D: Summary recommendation**

Do you recommend this applicant for CACBT certification?

[ ]  Yes, without reservation

[ ]  Yes, with reservation. Please comment on the nature of your reservations below

[ ]  No

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**PART E: Signature**

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**Signature (electronic is fine)**