

Date _____

Honor _____

Subject: **Your request for joining the Israel Association for Psychotherapy**

Thank you for your request to join the Israel Association for Psychotherapy.

Attached you can find the association rules and regulations and questionnaire request to join.

Please read the regulations carefully the fill out the questionnaire in every detail, sign it and attach all the appropriate documents.

Please attach a check for 50 NIS, (registration fee) payable to the Israeli Association for Psychotherapy.

Best regards,

Israeli Association for Psychtherapy.

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Criteria for admitting new members to the Israel Association for Psychotherapy

The Association receives as a member:

Psychiatrists, clinical psychologists and social workers according to the following criteria:

A. **Psychiatrists:** A psychiatrist expert in accordance with the requirements psychiatric expertise.

B. **Clinical psychologists:** a psychologist with expertise certificate as a clinical psychologist.

C. **Social workers:** Social workers with master's degrees who: Completed an accredited school of Psychotherapy, and worked for two years as part of mental health framework, while receiving 160 tutoring hours, at least, or have worked at least five years as part of mental health, while receiving 250 weekly tutoring hours, at least.

Remark:

Questionnaire application to join the Association, must be accompanied by appropriate documentation, as required under acceptance criteria (diploma, degree, expertise, training, employment, training, etc.).

Questionnaire request for accession to the Israel Association for Psychotherapy

1. Personal Information

_____ Name and Surname		_____ Full name in block letters Latin	
_____ Address		_____ City	_____ Zip
_____ Phone	_____ Mobile Phone	_____ Fax	_____ E-mail (capital letters not connected)
_____ Date of birth	_____ Country of birth	_____ Marital Status	_____ Social Security Number
_____ Occupation (basis) (Social worker, psychologist, or psychiatrist)	_____ Degree (in English)	_____ Expertise License No.	_____ Date of the reception

2. Employment

_____ Significant workplace	_____ Role	_____ No. workdays
_____ Address		_____ Phone
_____ Other working places and role.		

3. Professional education

	Place of study	No. of years	Year of graduation
BA			
Master's degree *			
Ph.D			
Diploma **			
Other			
Notice			

* Employees are asked to present social-master's degree certificate, indicating that the applicant finish / trend clinical-social work.

** School / psychotherapy program recognized by the Association.

4. Experience.

Workplace	Years	Guides	No. of training hours

5. Specialization areas (Individual, group, family, children, etc.). Please specify:

6. Therapeutic approaches and techniques. (Dynamic, analytical, hypnotic, short-term, etc.)

7. Professional training in psychotherapy. (The degree / diploma)

	The topic taught, under who's supervision.	Where the course was held.	Duration	Year
.1				
.2				
.3				
.4				
.5				
Remarks				

8. Membership of professional associations.

	Association's name	Joining year
1.		
2.		
3.		

9. Certificates and Recommendations.

- A. Must be accompanied by suitable certificates for you as specified on the enclosed criteria. (Diploma, Degree, expertise, training, employment, training, etc.).
- B. Please specify the names of two recommending persons, who are Association members, accompanied by their signatures, which do not have any objection that check with them.

Recommending person's name	Signature	The rationale *
1. _____	_____	_____
2. _____	_____	_____

10. Notes.

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"I _____
Full name Profession

Address Identity Number

I am familiar with the goals and regulations of the organization.

If I am accepted as a member, I shall abide by the regulations as defined by the general assembly of the organization."

Date Signature

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