

ENDORSEMENT FORM

(for those members who are not a CGP or a Clinical Member of AGPA)

NOTE: If applying for Clinical Membership by using the Endorsement/Affidavit documentation, please submit TWO Endorsements from two different people.

_____ is applying for Clinical or Associate level membership with Illinois Group Psychotherapy Society (IGPS), and would like your endorsement.

Your Name: _____

Are you a Certified Group Psychotherapist (CGP)? YES NO

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

For Clinical Member applicants:

Have you supervised the applicant doing group psychotherapy? YES NO

If YES, how many hours have you supervised the applicant for group psychotherapy? _____

Please indicate your understanding of the applicant's credentials:

_____ BS/BSN

_____ MD/DO

_____ MA

_____ MSW

_____ PhD/PsyD/DSW

_____ other:

Do you know of any evidence of professional conduct that is unethical on the part of the applicant? If YES, please give full particulars in an accompanying statement.

YES NO

2. Do you wish to endorse this applicant's membership in IGPS? If NO, or if you have reservations, please explain them in an accompanying statement.

YES NO

Signature of Endorser

DATE: _____



IGPS

Illinois Group Psychotherapy Society

P.O. Box 28538 ◦ Green Bay, WI ◦ 54304-5388
(847) 604-0356 ◦ www.ilgps.org ◦ info@ilgps.org

AFFIDAVIT

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In accordance with IGPS bylaws, a Clinical Member of IGPS needs a minimum of a Master's Degree, Clinical licensure, and at least 300 hours of group psychotherapy experience as group therapist with 75 or more hours under supervision of a qualified clinician.

I _____ have completed 300 or more hours of group psychotherapy experience in the role of group psychotherapist, including at least 75 hour of group psychotherapy supervision with a qualified clinician.

My supervisor(s) have been:

Name:

Organization and Location:

1. _____

2. _____

3. _____

Printed Name

Signature

Date