



# IGPS

Illinois Group Psychotherapy Society

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

## 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: \_\_\_\_\_



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## AFFIDAVIT

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

**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