

Certificant Membership in the MDPAC

Requirements

To become a certificant member of the MDPAC, one must:

- Be a clinical member of the MDPAC.
- Have 200 hours minimum psychotherapy practice experience.
- Have 100 hours minimum supervision (individual or group).
- Have 50 hours minimum personal growth work. Personal growth work includes activities that promote greater self-awareness and understanding of one's own psychological make-up and issues, as well as how these issues become manifest in one's life, both personal and professional. One engages in personal growth work for one's own self-awareness & self care, and in the hope that this will make one a more skillful and conscious therapist. Typically this takes the form of personal therapy (which we strongly encourage) and/or courses that include an experiential element.
- Have attended the Annual MDPAC Conference (or equivalent intensive psychotherapy conference) in 2 of the 4 years prior to application.
- Satisfy the training criteria from one of the following two categories:
 1. Formal training = minimum of 90 hours of MDPAC - approved psychotherapy training *.
 2. Practice-eligible training = minimum of 1,000 hours of paid professional work as a psychotherapist engaged in scheduled, focused psychotherapy. This entry category may be time-limited.
- Submit application form A and reference forms B & C - below.
- Submit up-to-date curriculum vitae.
- Submit photocopy of membership card in provincial licensing body.
- Submit photocopy of membership card in malpractice insurance company.
- Provide web site address, e-mail and mailing address, telephone and fax # of institutions/ organizations where training in psychotherapy was obtained, and which are mentioned in the application.
- Enclose \$250 application fee.
- As part of the review process, an interview by a group of three peers may also be required.

* MDPAC – Approved Training

Training that covers the following basic skills and theoretical perspectives:

1. Doing a comprehensive assessment.
2. Forming a therapeutic alliance.
3. Constructing formulations leading to individualized treatments.
4. Developing specific intervention skills.
5. Theory - Acquiring basic tenets of common psychotherapeutic models: supportive; psychodynamic; cognitive-behavioral; interpersonal; group; family & marital; humanistic/experiential; transtheoretical (change theory); attachment and developmental psychology; and the role of spirituality in health, illness and recovery.
6. Becoming familiar with relaxation and stress reduction techniques.
7. Developing basic approaches to common problems such as anxiety, depression, addictions, eating disorders, obsessive-compulsive disorder, borderline personality disorder, post-traumatic stress disorder.
8. Understanding the importance of the contribution of the therapist's own feelings (countertransference).
9. Exploring concepts of boundaries, boundary transgressions, safety and abuse of power.
10. Terminating treatment effectively.
11. Understanding the importance of self-care.
12. Understanding the importance of ongoing supervision.

Certificant Application

FORM A – APPLICANT'S PROFILE

Name _____

Address (o) _____ Phone (o) _____

_____ (h) _____

(h) _____ Fax _____

_____ E-mail _____

DOB (D/M/Y) _____ M / F _____

Degree(s) _____

Licensing province _____

Practice location (circle) large urban suburban small town rural

1. Have you ever had any disciplinary action taken against you by any college of physicians & surgeons or other licensing body? (circle) YES NO

2. Are you presently being investigated by any college of physicians & surgeons or any other licensing body? (circle) YES NO

3. Psychotherapy training / continuing medical education – please describe:

Name of institution	Name of program (certificate, course, conference, etc.)	Date(s)	Number of hours of training
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Psychotherapy training – continued (attach additional sheets if necessary):

[illegible]

4. Name, dates and location of two intensive psychotherapy conferences (MDPAC Annual Conference or equivalent) you attended in the past four years:

1) _____

2) _____

5. Certification in psychotherapy (Adlerian, CGPA, OAMFT, Gestalt, ITAA, etc.). Please specify certifying body, and year of certification:

6. Psychotherapy supervision (individual or peer group):

A) Lifetime hours of psychotherapy supervision _____

B) Hours of supervision in the past year _____

C) Name of present supervisor or peer group type _____

7. Personal growth work – work aimed at promoting greater self-awareness and understanding of our own psychological make up and issues, as well as how these issues manifest in our lives both personal and professional. Typically this takes the form of personal therapy (individual or group) , which we strongly encourage , and/or courses that include an experiential element.

Type	Date(s)	Number of hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total:		_____

PSYCHOTHERAPY PRACTICE PROFILE

1. Number of years practicing psychotherapy _____
2. Lifetime number of hours practicing psychotherapy:
 - A) Individual therapy _____
 - B) Couple / family therapy _____
 - C) Group therapy _____
 - Total: _____
3. Current psychotherapy practice:
 - A) Average number of patients per week _____
 - B) Average length of sessions (minutes) _____
 - C) Total number of sessions per patient (average) _____
 - D) Age range _____
 - E) M / F ratio _____
 - F) 2-3 most frequent diagnoses _____
 - G) Areas you wish to improve _____
 - H) Of the patients you treat, you are most comfortable with _____

 - I) Of the patients you treat, you are least comfortable with _____

 - J) Models of psychotherapy applied by you _____

 - K) What do you consider to be your 3 greatest strengths in doing psychotherapy (circle):
assessment alliance empathy insight diagnosis supportive therapy
lifeskills training self- knowledge psychopharmacology ethics
boundaries communication identifying patterns goal-setting
promoting change of patterns other _____

ESSAY

In 150 to 200 words, state why you choose to practice psychotherapy.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT I AM IN GOOD STANDING WITH THE COLLEGE OF PHYSICIANS AND SURGEONS IN THE PROVINCE IN WHICH I PRACTICE.

DATE: _____ SIGNATURE: _____

Please append photocopies of your membership cards: 1) provincial licensing body, 2) malpractice insurance company.

Please enclose a \$250 application fee payable to the Medical Psychotherapy Association Canada, and mail to:

**MDPAC Certificant Review Committee
312 Oakwood Court,
Newmarket, ON L3Y 3C8**

If paying by Visa: Visa card # _____ Exp _____

Name on card _____

Signature _____

- *We recommend that you keep a copy of what you send us.*
- *Every effort will be made to process your application within 8 weeks of receipt of ALL documents.*

Certificant Application

FORM B – COLLEAGUE'S REFERENCE

APPLICANT'S NAME: _____

DATE: _____ APPLICANT'S SIGNATURE _____

*****COLLEAGUE'S SECTION*****

COLLEAGUE'S NAME: _____

ADDRESS: _____

TELEPHONE: (O) _____ (H) _____

DEGREE(S): _____

POSITION: _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Do you consider the applicant to be a mature and ethical professional? YES NO

Do you, or would you, refer patients to him/her, with confidence? YES NO

General comments: _____

If you have further comments, please feel free to send them to the Committee:
MDPAC Certificant Review Committee, 312 Oakwood Court., Newmarket, ON L3Y 3C8

DATE: _____ SIGNATURE: _____

PLEASE RETURN COMPLETED FORM TO APPLICANT.

Certificant Application

FORM C – REFERENCE FROM A COLLEAGUE FAMILIAR WITH APPLICANT'S PSYCHOTHERAPY WORK

APPLICANT'S NAME: _____

DATE: _____ APPLICANT'S SIGNATURE _____

*****COLLEAGUE'S SECTION*****

COLLEAGUE'S NAME: _____

ADDRESS: _____

TELEPHONE: (O) _____ (H) _____

DEGREE(S): _____

POSITION: _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Do you consider the applicant to be a mature and ethical professional? YES NO

Do you, or would you, refer patients to him/her, with confidence? YES NO

General comments: _____

If you have further comments, please feel free to send them to the Committee:
MDPAC Certificant Review Committee, 312 Oakwood Court., Newmarket, ON L3Y 3C8

DATE: _____ SIGNATURE: _____

PLEASE RETURN COMPLETED FORM TO APPLICANT.