

## MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA

### APPLICATION for MENTOR MEMBER

#### PREAMBLE

The MDPAC promotes the integration of mental and emotional factors in the everyday total care of the general practice patient.

The membership category of “Mentor” recognizes individual MDPAC members with advanced experience in GP psychotherapy, who can be a service resource to the general membership, the medical profession and the public at large. The official designation will be “Mentor GP Psychotherapist (MGPP).”

#### **Mentors will be expected to:**

- provide a resource for other members through support, education, consultation, supervision
- provide a service to the MDPAC through committee work, public relations, public education
- be a role model, teacher and catalyst to the growth of other members, to the MDPAC, and to GP psychotherapy
- Maintain their status as Mentors through their ongoing growth, Continuing Education, and service to their colleagues and organization:  
*Minimum 75 hours psychotherapy-related CPD and 75 hours individual or group professional support (CCI) per 3 year cycle.  
(CCI is any combination of supervision and other focused peer interaction).*

The recognition of individuals who have achieved Mentor Membership provides them an opportunity to apply their experience to the service of their colleagues, their organization and their community – to the mutual benefit of all.

#### **Privileges:**

Newsletter and other communications; membership in professional e-mail discussion group; reduced registration fees for MDPAC conferences and courses; voting and committee participation; entitled to use MGPP after name and other degrees; registration with the organization as a Mentor.

# **MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA**

## **APPLICATION FOR MENTOR MEMBER**

### **CRITERIA**

The MDPAC holds that as maturity in psychotherapeutic practice progresses, the personal qualities and life experiences of the therapist are of equal importance to, and complement, what he or she knows and does as a practitioner. Therefore, in recognizing advanced experience in GP psychotherapy

**Applicants for Mentor Membership will be evaluated in the areas of their**

- 1) character and maturity as a person**
- 2) capacity for compassion and ethical judgement**
- 3) ability to teach and enhance the growth of others, and**
- 4) specific knowledge and skills in medical psychotherapy.**

Candidates shall:

1. be a qualified Certificant member in the MDPAC
2. have undergone training as:  
EITHER: formal comprehensive psychotherapy training in at least one recognized discipline and 2000 hours minimum psychotherapy experience;  
  
OR: 8,000 hours paid psychotherapy with submission of individual training history;
3. have undertaken 100 hours individual supervision with at least two independent supervisors;
4. have undertaken 50 hours of personal, individual psychotherapy
5. submit an essay examination and possible oral interview as determined by the Mentor Review Subcommittee of the Professional Development Committee;
6. have undertaken MDPAC-approved supervisory training;
7. submit two references, one from a colleague familiar with the applicant's psychotherapeutic work, and one from a recent supervisor

**Applicants who do not meet the above requirements as specified who believe they have equivalent qualifications or a special gift of use to the organization and the community, are invited to submit their applications for individual consideration.**

**MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA**  
**APPLICATION FOR MENTOR MEMBER**

APPLICATION PROCESS

The application is designed in two parts to help us evaluate both its subjective and objective components. The entire application is confidential when completed.

PART ONE Subjective component composed of:

1. FORM A PART 1: APPLICANT'S PROFILE
2. FORM B SUPERVISOR'S REFERENCE (mailed directly to MDPAC)
3. FORM C COLLEAGUE'S REFERENCE (mailed directly to MDPAC)

PART TWO Objective Component:

FORM A: PART 2 consists of an essay responding to the questions listed and may include a personal interview called at the discretion of the Mentor Review Committee.

APPLICANTS must also submit:

- Up-to-date curriculum vitae.
- photocopy of membership document or card in provincial licensing body.
- photocopy of proof of protection document from your malpractice insurance
- photocopy of Application Form A from previous application for Certificant member status\*
- \$250 application fee payable to the MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA

\* if you do not have a copy, please contact the MDPAC Certificant Review Committee

# MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA

## MENTOR APPLICATION

### FORM A – PART 1: APPLICANT'S PROFILE

(Revised January 2010)

Name \_\_\_\_\_

Address (o) \_\_\_\_\_ Phone (o) \_\_\_\_\_  
 \_\_\_\_\_ (h) \_\_\_\_\_  
 (h) \_\_\_\_\_ Fax \_\_\_\_\_

DOB (D/M/Y) \_\_\_\_\_ Email \_\_\_\_\_

Degree(s) \_\_\_\_\_

Licensing province \_\_\_\_\_ Year of MDPAC  
 Certification \_\_\_\_\_

*Please note: please provide: website and email OR mailing address, telephone and fax where you obtained training in psychotherapy, and which are mentioned in your application, and full name of abbreviations mentioned in your application.*

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 / CPD – please describe for the period of time since your MDPAC Certification:

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

Psychotherapy Training continued:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach additional sheets if necessary)

4. Psychotherapy supervision (individual or peer)

A) Lifetime hours of psychotherapy supervision – individual \_\_\_\_\_  
– peer \_\_\_\_\_

B) Hours of supervision in the past year \_\_\_\_\_

C) Name of present supervisor \_\_\_\_\_

D) Names of other supervisors \_\_\_\_\_

E) Experience as a teacher or supervisor \_\_\_\_\_

F) Supervisory Training:

Course Title and Sponsor / Leader	Dates	Hours of Training
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Personal, Individual Psychotherapy

Type	Approx. Date(s)	Number of Hours
Personal, Individual Psychotherapy continued:		
Total:		

**PSYCHOTHERAPY PRACTICE PROFILE**

1. Number of years practising psychotherapy \_\_\_\_\_
2. Lifetime number of hours practicing psychotherapy:
  - A) Individual therapy \_\_\_\_\_
  - B) Couple / family therapy \_\_\_\_\_
  - C) Group therapy \_\_\_\_\_
  - Total \_\_\_\_\_
3. Current practice location (circle)    large urban    suburban    small town    rural
4. Current psychotherapy practice:
  - A) Average number of patients per week \_\_\_\_\_
  - B) Models of psychotherapy applied by you \_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE, THAT I AM IN GOOD STANDING WITH THE COLLEGE OF PHYSICIANS AND SURGEONS IN THE PROVINCE IN WHICH I PRACTISE AND THAT I AM COMMITTED TO PRACTISE UNDER THE CANADIAN MEDICAL ASSOCIATION CODE OF ETHICS.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA  
APPLICATION FOR MENTOR MEMBER**

**FORM A – PART TWO – APPLICANT’S ESSAY**

This part of the application addresses the subjective aspects of your journey toward Mentor Membership. It is designed to help us get to know you as a person. Please share what has been important to you in your personal and professional development as a psychotherapist and in your desire to become a Mentor to other GP psychotherapists. The following questions may be used as a guide. Please add any other information that you feel to be of importance.

- 1) Why have you become a GP Psychotherapist?
- 2) How do you view your role as a GP Psychotherapist?
- 3) Briefly describe your practice, referral and support systems.
- 4) What has been your passion during recent years and what is your growing edge now?
- 5) What is your teaching style?
- 6) How do you enhance the growth of others?
- 7) What specific teaching responsibilities have you had and what about these have been most gratifying?
- 8) How do you manage boundary issues in your practice / teaching?
- 9) What type of patients / people do you have difficulty dealing with, and how do you handle such situations?
- 10) What influence did your family of origin have on your present career?
- 11) What are your strengths and weaknesses?
- 12) How do you care for and replenish yourself and balance professional, personal and community life?
- 13) What have been some important struggles you have mastered and how have you changed as a person / therapist as a result of your training and life experience?
- 14) Why do you want to be a Mentor, and how would you envision your role as a Mentor?

## MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA

### Mentor application checklist:

- Form A – applicant’s profile duly completed.
- Form A – Part Two – Essay appended.
- Form B – reference duly completed by a recent supervisor.
- Form C – reference duly completed by a colleague familiar with your psychotherapy work.
- Up-to-date curriculum vitae.
- Photocopy of Application Form A from previous application for Certificant member status
- photocopy of membership document or card in provincial licensing body.
- photocopy of proof of protection document from your malpractice insurance
- Web site, e-mail address, mailing address, telephone OR fax # of institutions/organizations where you obtained training in psychotherapy, and which are mentioned in your application.
- Full name of abbreviations mentioned in your application.
- Application fee payable to the General Practice Psychotherapy Association.
  - *We recommend that you keep a copy of what you send us.*
  - *Please ask your referees to mail their completed reference documents directly to the MDPAC at the address below*

*Please enclose a **\$250** application fee payable to the Medical Psychotherapy Association Canada, or if paying by Visa:*

Visa card # \_\_\_\_\_ Exp \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Mail your application to:

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

Every effort will be made to process your application and reply to you within eight weeks of receipt of all documents.

Mentor Review Committee,  
 Medical Psychotherapy Association Canada



**MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA  
APPLICATION FOR MENTOR MEMBER**

**FORM B – SUPERVISOR’S REFERENCE**

APPLICANT’S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ APPLICANT’S SIGNATURE: \_\_\_\_\_

SUPERVISOR’S SECTION  
(Please refer to MDPAC Mentor Membership Criteria overleaf)

SUPERVISOR’S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (0) \_\_\_\_\_ (H) \_\_\_\_\_

DEGREE(S): \_\_\_\_\_

POSITION: \_\_\_\_\_

How long has the applicant been in ongoing supervision with you?

From: \_\_\_\_\_ To: \_\_\_\_\_

Do you consider that the applicant has dealt adequately with personal and professional issues that have arisen in supervision?

YES \_\_\_\_\_ NO \_\_\_\_\_

Do you consider the applicant to be a mature and ethical psychotherapist?

YES \_\_\_\_\_ NO \_\_\_\_\_

Do you consider the applicant to have sufficient knowledge and skill to be recognized as a MDPAC Mentor?

YES \_\_\_\_\_ NO \_\_\_\_\_

Do you, or would you, refer patients to him / her, with confidence?

YES \_\_\_\_\_ NO \_\_\_\_\_

Would you recommend the applicant as a supervisor?

YES \_\_\_\_\_ NO \_\_\_\_\_

**Please attach a brief evaluation of the applicant’s character and maturity as a person, capacity for compassion and ethical judgment, ability to teach and enhance the growth of others, knowledge and skills as a psychotherapist.**

DATE: \_\_\_\_\_ SUPERVISOR’S SIGNATURE: \_\_\_\_\_

**PLEASE MAIL DIRECTLY TO:**

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

**Form B page 2:****MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA  
APPLICATION FOR MENTOR MEMBER****CRITERIA**

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**FORM C – COLLEAGUE’S REFERENCE**

APPLICANT’S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ APPLICANT’S SIGNATURE: \_\_\_\_\_

**COLLEAGUE’S SECTION**  
(Please refer to MDPAC Mentor Membership Criteria overleaf)

COLLEAGUE’S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (0) \_\_\_\_\_ (H) \_\_\_\_\_

DEGREE(S): \_\_\_\_\_

POSITION: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Do you consider the applicant to be a mature and ethical psychotherapist? \_\_\_\_\_

Do you consider the applicant to have sufficient knowledge and skill to be recognized as a MDPAC Mentor?

YES \_\_\_\_\_ NO \_\_\_\_\_

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

Would you recommend the applicant as a supervisor? YES \_\_\_\_\_ NO \_\_\_\_\_

**Please attach a brief evaluation of the applicant’s character and maturity as a person, capacity for compassion and ethical judgment, ability to teach and enhance the growth of others, knowledge and skills as a psychotherapist.**

DATE: \_\_\_\_\_ REFEREE’S SIGNATURE: \_\_\_\_\_

**PLEASE MAIL DIRECTLY TO:**

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