Application Form for Certification Program: Individual Schema Therapy

with Schema Therapy Training Canada and Schema Therapy Training Institute

All applications and supporting materials for the 2027 program must be received by March 31, 2027. Late applications will be considered if there are openings available.

You may add additional pages to this application to clarify or elaborate on any of the questions below, if you need more space.

Name _____

Today's Date _____

Contact Information

Current Institution/Organization and Title (if any): _____

_____

Work Address: _____

City/Prov/Postal Code: _____

Country: _____

Home Address: _____

City/Prov/Postal Code: _____

Country: _____

*Work Telephone: _____

*Home Telephone: _____

*Mobile Phone: _____ *Fax: _____

Primary E-Mail (required): _____

Alternate E-Mail address (optional): _____

Website (optional): _____

Emergency Contact Name: _____

Emergency Contact Cell Phone Number: _____

☐ I give my permission for the program facilitators to contact my Emergency Contact person if they are concerned about my emotional wellbeing or safety.

I expect to complete the training program in:

☐ 1 year ☐ 2 years ☐ Don't Know Yet

Education & Work Experience

Highest Degree: _____ Year Earned: _____ Field: _____

If you are applying from outside of Canada, please explain the degree(s) you have obtained, and the exact field of study. (Please explain how many years of study are involved, and whether your degree is closest to a Bachelor's, Master's, or Doctorate degree in Canada.)

University (include city and country): _____

Describe your Internship, Practicum Work, or Residency (including name and location of Institutions):

Describe any Postdoctoral Training:

Licensure/Certification (if required in your country): _____

Province/Country: _____

Essential: List previous workshops and training in Schema Therapy, if any (include approximate dates, locations, hours, and instructors; add additional page if necessary):

List the approximate hours per week you currently engage in the following professional activities:

Direct patient contact: _____ Supervise Other Therapists: _____

Administration: _____ Take courses; study: _____

Research: _____ Other activities (please specify): _____

Main work setting/organization: _____

Current Position/Title: _____

I currently work with:

(Rate each category on a scale from 0-3 as follows: 0=not at all, 1=occasionally, 2=frequently, 3=almost always)

☐ Inpatients	☐ Children	☐ Individuals
☐ Outpatients	☐ Adolescents	☐ Couples
☐ Partial Hospital Patients	☐ Adults	☐ Families
☐ Criminal offenders	☐ Geriatrics	☐ Groups

Other (please specify): _____ Rating: _____

You may add additional pages if necessary to answer the following questions:

Please elaborate on your current professional work, including training, research, administrative and clinical activities.

Please elaborate on the nature and amount of clinical training in schema therapy you have already received.

Please describe your current psychotherapy orientation in detail, including the types of patients you work with.

Please elaborate on your general clinical training and previous clinical experience.

Describe your work with schema therapy, other than workshop training you have received (e.g. articles or books you have written, number of patients you have treated, supervisory or teaching experience, research you have participated in).

After completing the Institute training program, what kinds of professional activities do you expect to participate in related to schema therapy? (Please provide as much detail as possible.)

To be a candidate for the training program, you must be sufficiently fluent in English to participate in the workshops, to understand master therapy sessions on DVD's conducted in English, and to read schema therapy materials in English.

If you plan on obtaining certification, you also need to be sufficiently fluent to have individual case supervision sessions in English, and to submit patient session recordings conducted in English.

Please answer the following:

I can submit audio or video recordings of actual patient sessions conducted in English:

☐ YES ☐ NO ☐ UNCERTAIN

If you answered NO or UNCERTAIN to question A above, please answer the following questions:

I can submit verbatim transcripts of actual patient sessions, translated into proper English:

☐ YES ☐ NO ☐ UNCERTAIN

I can submit audio or video recordings of actual patient sessions in the following language(s) other than English:

1. _____ 2. _____ 3. _____

Which level of certification are you applying for?

☐ A. Advanced Certification

☐ B. Standard Certification

If you are not applying for certification, please explain whether you plan to obtain additional training in schema therapy or certification in the future.

Is there any additional information about you that would be helpful to us in evaluating your application?

Required: List two professional references who have supervised or observed your clinical work with patients. (The clinical work does not have to involve schema therapy, but ST is preferred.) Please ask them to forward a letter of reference directly to us at: fmiller.schemacda@gmail.com

Optional: Attach the name(s) of one or more other references who can discuss non-clinical aspects of your accomplishments (including work with schema therapy if applicable), such as research, teaching, or administration. Please ask them to forward a letter of reference directly to our Training Centre at: fmiller.schemacda@gmail.com

1st Clinical Reference

Name: _____

Position: _____

Mailing Address: _____

_____

Phone:

E-mail:

2nd Clinical Reference

Name:

Position:

Mailing Address:

Phone:

E-mail:

Where did you learn about this Certification Program?

Please Read and Check the Boxes Below:

☐ I understand that the standards set forth in this program may be slightly higher than those required by the Guidelines of The International Society of Schema Therapy (ISST).

Required: Please put an X in the boxes below and add your name and date on the line indicated. If you will be using fax or postal mail, please sign on the line. If you will be applying by email, please type your name and date, or use an electronic signature.

☐ I understand that space is limited, and the workshop is only financially feasible for the Center(s) to offer based on the guarantee of a required minimal number of accepted candidates. Therefore, I understand, once my application is accepted and monies have been paid, there will be no reimbursements or refunds under any circumstances. I may have the option, space permitting, and at the sole discretion of the Directors, to apply unused monies I have paid to a future program or toward supervision—within the next 12-month calendar year.

☐ I understand if I am unable to attend the “full program” in 2027 I may be able to makeup “missed time” at another STTC Certification Program, providing there is a program offered and space available in the program. I am also aware that if space is not available, or the program is not being offered in a future calendar year, there may be the risk that I will need to pay to attend another ISST-approved program to fulfill the obligations of the curriculum requirements (that I missed) to achieve certification.

☐ I understand that the ISST Guidelines hold forth that I must complete my certification no more than 3 years from the last day of the training program in 2027.

☐ The confidentiality of our participants is of the utmost importance to us. However, in limited situations, we may be required by law to disclose information and must comply with these mandatory obligations. All information disclosed in the Certification program will be confidential, except in situations that involve disclosures of child abuse or subpoena to court. Further, it is a condition of our relationship that we have your permission to release what would otherwise be confidential information if we have reason to believe that you represent a threat of death or injury to yourself of others.

By placing an X in the boxes above—and by typing or signing my name and the date on the lines below—I am accepting these terms as legally binding.

Type or Sign Your Name: Today's Date:

Please send us your completed application by email (as a Word attachment). Our contact information is: Schema Therapy Training Canada | E-mail: fmiller.schemacda@gmail.com

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

Please read carefully. By signing this document, you will waive certain legal rights, including the right to sue

This is a binding legal agreement. **Clarify any questions or concerns before signing**.

In consideration of Frances Miller (the "**Leader**") providing the participant named below (referred to as "**I**" or "**me**" herein) with Experiential Program in Schema therapy (the "**Program**"), and for other good and valuable consideration, I agree to all the terms and conditions set forth in this agreement (this "**Agreement**").

I hereby expressly agree that in no event shall I sue the Leader, and I waive and release any and all claims which I have or may have in the future against the Leader and her representatives on account of injury, death, property damage, expense and related loss, including loss of income, or any other loss or damage of any kind arising out of or resulting from my participation in the Program, due to any cause whatsoever, including without limitation, the negligence of the Leader, breach of contract, or breach of any statutory or other duty of care or otherwise. I agree not to make or bring any such claim against the Leaser or any of Leader's representatives, and forever release and discharge the Leader and all Leader's representatives from liability under such claims.

I further expressly agree that I shall defend, indemnify and hold harmless the Leader and her representatives against any and all losses, damages (including direct, indirect, special and/or consequential), liabilities, claims, demands, actions, judgments, settlements, interest, awards, penalties, fines, costs, and expenses of whatever kind, including reasonable legal fees, in connection with any third party claim, suit, action or proceeding arising out of or resulting from the Program.

By participating in the Program, I confirm that I have read and agree with each of the following statements:

1. I am solely responsible for my own well-being, be it in relation to my mental health or otherwise.
2. I accept and fully assume all risks arising out of my participation in the Program including without limitation the possibility of emotional distress, personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the Program.
3. I understand that the Leader is not guaranteeing any results or outcomes following the provision of the Program.

This Agreement is the entire agreement between the Leader and me with respect to the subject matter contained herein and supercedes all prior and contemporaneous understandings, agreements, representations and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is held to be invalid, illegal or unenforceable in any jurisdiction, such invalidity, illegality or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall ensure to the benefit of the Leader and Leader's heirs, executors, administrators and next-of-kin. This Agreement is governed by the laws of Ontario and the federal laws of Canada applicable therein. Any claim

or cause of action arising under this Agreement may be brought only in the courts of Ontario, and I hereby consent to the exclusive jurisdiction of such courts.

I acknowledge that I have read and understood all of the terms of this Agreement, that I have executed this Agreement voluntarily, and that this Agreement is to be binding upon myself, my heirs, my next-of-kin, executors, administrators and legal and personal representatives. I further acknowledge by signing this Agreement that I have waived my right to sue the Leader and any of Leader's representatives.

Name of Participant (Print)	Signature of Participant	Date