



Member of the World Council for Psychotherapy (WCP)
NGO with consultative status to the Council of Europe

Office: Eslarngasse 25/5 | 1030 Wien/Vienna/Austria
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www.europsyche.org

European Association for Psychotherapy

Practitioner Registration Form for European Certificate of Psychotherapy

Please complete every question. Information will be made available to enquirers.

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(Appendix 2025)

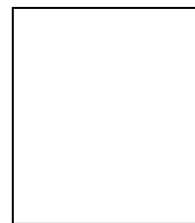
1) **Last Name:**

2) Any other last names under which you have been previously registered as

an ECP holder:.....

3) **First Name(s):**

4) Abbreviated Title(s) to write on the certificate (Dr., Prof., etc.):



Place photo here

5) ☐ Female

☐ Male

6) Date of birth: / /

(Day) (Month) (Year)

The following **address will be published** in the [European Register of ECP Holders](#):

7) Professional address:

for clients

Street:

City:

Country:Postal code:

Phone No.:

Fax No.:

Email address:

Home page:

8) Other address:

Street:

City:

Country:Postal code:

Phone No.:

Fax No.:

Email address:

Home page:

9) Which address should be your mailing address? ☐ professional address ☐ other address

10) If you received the ECP as a result of graduation from an accredited **training institute (EAPTI)**, what is the name of that institute?

11) If you receive ECP through **grandparenting** procedure, name National Awarding Organisation (NAO) which recommended you for the ECP through **grandparenting**

12) In which country are you currently practicing?

13) Which NAO currently registers you and would be the relevant country to deal with complaints or disciplinary matters in which you are involved?

If this is not the NAO of the country specified in (11) please explain why

14) - If you receive ECP through **grandparenting** procedure, write here any **modality** or modalities of psychotherapy that appear under your name in the register of the NAO specified in:

- If you receive ECP through **EAPTI ("Direct award")**, name **modality** of EAPTI institute you were trained in:

15) Which EWAO currently registers you and would be the relevant modality to deal with any complaints or disciplinary matters in which you are involved?

If this is not the EWAO of the modality specified in (14) please explain why.

16) Native language: 17) Other languages spoken:

18) Do your practice premises have facilities for disabled people? ☐ Yes ☐ No

19) Appropriate **Continuing Professional Development** (CPD) is requested according to the NAO regulations in the countries where you are practicing. EAP recommendation for the content and amount of hours of CPD you will find enclosed as Appendix.

20) The Statement of Ethical Principles of the EAP is available at the EAP web page at the following link:
<http://www.europsyche.org/contents/13134/statement-of-ethical-principles>

I have read and I agree to the Statement of Ethical Principles of the EAP ☐ Yes ☐ No

To register in the *European Register of ECP Holders (ECP-R)* you are requested to pay the fee **every 3 years**.

I'm aware that I will have to pay an annual fee (50 euros per year for Western countries, and less for Eastern ones) for the maintenance of my name on the *European Register of Psychotherapists (ERP)* and to support the development of the specific profession of psychotherapy in Europe. By signing this I give permission that the shaded information will be published on the internet.

Data Protection Policy

By submitting this application (PRF, CV, cover sheet), I consent to the EAP storing and processing my personal data and application documents for the purposes of evaluating, administering, verifying, and maintaining records related to my ECP application and status.

In accordance with the General Data Protection Regulation (GDPR), I understand that I may request access to my personal data held by the EAP and may request correction or deletion where applicable under legal and administrative obligations.

If awarded the ECP, I agree that my name and the professional contact details I provide may be included in the public EAP Register of ECP holders and other official EAP public listings related to professional verification purposes.

Except for information included in public EAP listings and registers, the EAP will not share personal data with third parties unless required by law, necessary for accreditation related procedures, or explicitly authorised by the applicant.

I have read the above, have provided accurate information and agree to the conditions.

Date:..... Signature:

Note: False information may lead to the removal of your name from the Register of ECP holders. Failure to notify the Registrar of the Association of changes of the registered address details given above may also result in your name being removed.



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E u r o p e a n A s s o c i a t i o n f o r P s y c h o t h e r a p y

APPENDIX to the Practitioner Re-Registration Form for European Certificate of Psychotherapy

Continuing Professional Development (CPD) is required for re-registration for the ECP.

You are required to complete at least 150 CPD hours over a three-year period, from three or more of the following categories, with a maximum of 50 hours per category:

- a) Advanced or additional professional **psychotherapy courses** (Please list these, include detail of the provider (institute) and a synopsis of the course, and indicate the number of hours for each course on a separate sheet.)
- b) **Professional supervision** for psychotherapy practice/clinical/group work and peer supervision (Please indicate this on a separate sheet with name of supervisor/institute, hours of supervision, and the total of number of hours)¹
- c) **Personal psychotherapy** (individual, group, couples or family)
- d) Psychotherapy **conference / symposium attendance** (Please list title, date and organisation for each on a separate sheet and indicate number of hours of session time attended in each. Please attach copies of all conference attendance certificates).

¹ **Pre-certification** supervision is done according to the criteria of the *training institute*. All kinds of **post-certification** professional supervision is done at the *practitioner's free choice* with qualified professional supervisors.

- e) Professional activities in psychotherapy. (Being elected to a **Board or a Committee** and attending meetings. Please indicate organisation, dates of committee/board meetings, and number of formal hours of each meeting.)
- f) Participation in extra psychotherapy training as a **supervisor/researcher/teacher**.