APPLICATION FOR DIALETICAL BEHAVIOR THERAPY TRAINING

PLEASE READ THE PARAGRAPH BELOW

YES is pleased to be able to provide the funds necessary to pay for this intensive, 16-month training to the therapists in our area who are committed to providing DBT services in their treatment settings. This training is provided through Psychwire, a third-party educational provider, unaffiliated with YES. To be eligible for this training, clinicians need to hold a Florida license in good standing as a mental health professional in the State of Florida or be working towards licensure under the supervision of a licensed Clinical Supervisor approved by the State of Florida. Along with this application, please submit a copy of your license as a mental health provider (if applicable), and any additional certifications you may hold. If not yet licensed, please attach a letter of recommendation from your clinical supervisor.

Name: _____

Home Address: _____

Email: _____

Phone Number: _____

Practice Name: _____

Practice Address: _____

Total Number of Years' Experience: _____

List Highest Degree Completed and Discipline:

_____

Year of Degree Completion: _____

Name of University/College: _____

Licensure Number: _____

Date License Obtained: _____

Date License Expires: _____

List all additional Certifications and the Year Certified:

_____
_____
_____

List additional areas of therapeutic expertise:

_____
_____
_____

Brief (several sentence) description of your current therapeutic modality:

_____
_____
_____

Brief (several sentence) explanation of why you are seeking DBT training and how you plan to incorporate this modality into your current practice:

_____
_____
_____

Do you agree to YES sharing a photo and short bio of you on YES's social media pages?
YES or NO (circle one)
If yes, include a picture and short bio (4-5 sentences) with this application to be used for this purpose.

Attach the following document and submit along with this application:

- **Copy of your current license as a mental health provider OR**
- **Copy of your current license as a registered mental health intern OR**
- **Letter of recommendation from your clinical supervisor if still in graduate school**

Signature: _____ Date:_____

Written Name:_____