



THE NATIONAL FEDERATION FOR BIBLIO/POETRY THERAPY

Mentor/Supervisor Candidate Application

Name _____

Date _____

Address _____

Phone: _____ **Email:** _____

Certification: CAPF CPT PTR **Year you were first certified:** _____

Mentor/Supervisor(s) with whom you trained: _____

Please read the following sections, sign and date each one.

Adverse Action and Code of Ethics Statement

The following information will be kept confidential by the Candidacy Committee of the National Federation for Biblio/Poetry Therapy. An adverse action does not automatically disqualify one from certification or registration. However, the committee must evaluate the relevance of any such information. Please indicate (circle one) whether you have had any of the following listed adverse actions, or comparable ones. If so, please provide an explanation on a separate piece of paper. Such information will be kept confidential and will not be stored with your application.

No Yes Denial, revocation, suspension of, or probation against, a professional credential

No Yes Surrender of a professional credential to avoid revocation, suspension of, or probation against, a professional credential

No Yes Ejection or suspension from a hospital, health care facility, mental health facility, school or professional society

No Yes Conviction for a felony

No Yes Currently or within the past two years suffer(ed) from any physical or mental illness, disability, or substance abuse that would impair your professional skills as a poetry therapist

If YES to any, please attach a separate page with explanation.

I attest to the truth of the above statements.

Signature and Date



THE NATIONAL FEDERATION FOR BIBLIO/POETRY THERAPY

I attest to having read and I agree to abide by the Code of Ethics in Appendix A of the National Federation for Biblio/Poetry Therapy's *Guide to Training Requirements for Certification and Registration in Poetry Therapy*, the Code of Ethics of my primary profession, and all laws and regulations applicable to the practice of my primary profession in any jurisdiction where I offer professional services.

Signature and Date

Statement of Compliance

(initial) ____ I agree to the limitation that CAPFs will be eligible to train prospective CAPFs only. Licensed CPTs and PTRs may train students for any credential.

(initial) ____ I agree to follow the credentialing expectations for trainees as outlined in the NFBPT training guide, including requiring and responding to plans and reports for facilitation. I attest to the truth of the above statements.

Signature and Date

Send this application form, along with a non-refundable application fee of \$100, to

NFBPT Administrator
1625 Mid Valley Dr. #1, Suite 126
Steamboat Springs, CO 80487