California Institute of Integral Studies

2020 Certificate in Psychedelic-Assisted Therapies and Research

Contact Hours & Supervision: Certain Licensed, Ordained, & Commissioned Applicants

Sample Form

This is a review copy only. You will be submitting this form online during the application process.

Please complete this form if you are an eligible, licensed LAADC, Occupational Therapist, Physical Therapist, RN, NP, physician (non-psychiatrists), PA, ND, TCM practitioner, counseling attorney, clergy, or chaplain. Use this form to describe the extent of your experience in counseling and pastoral care, mental status examinations, psychotherapy, mediation, assessment, conflict resolution, and supervision.

NOTE: Licensed psychiatrists, Professional Counselors (LPC/LPCC), LMFTs, LCSWs, and clinical or counseling Psychologists do NOT need to complete this form.

Your Name

FACE-TO-FACE CONTACT HOURS

Have you provided 1,000 or more hours of psychotherapy, counseling, and/or spiritual direction to adults, adolescents, and families?

Yes  No

In a 150-300 word summary that highlights your background beyond what we might be able to discern in your CV, please categorize and describe the face-to-face contact hours listed above. We would like to hear about your counseling work in any/all of these areas with adults, as well as other clinical or pastoral populations you'd like to include. Tell us about your work with: individuals, families, couples, or groups; hospital-based or outpatient; in private practice; performing intake assessments and mental status exams; offering pastoral care and spiritual direction; providing palliative and hospice care; substance abuse and dependency; trauma; community dispute resolution; mediation; and psychiatric diagnostic testing.

SUPERVISION RECEIVED & GIVEN

Both during and after your degree
Please describe your experiences of receiving individual supervision from licensed or ordained/commissioned supervisors.

Please describe your experiences (if any) of providing individual supervision to trainees in your field.

**RESEARCH EXPERIENCE (OPTIONAL)**

Please share briefly about any research projects in which you have had a role.

**SIGNATURE**

Typing your initials below confirms the truthfulness and accuracy of the above information.

**Contact Information:**

For application processing and Information Sessions questions, contact:

Cathy Coleman, PhD, Admissions Manager | Certificate Manager, Center for Psychedelic Therapies and Research at ccoleman@ciis.edu

Laura Pustarfi, PhD, Center Manager, Certificate for Psychedelic Therapies and Research at lpustarfi@ciis.edu

Center Phone Number: 1-415-575-6243.

For more program details, see our website at: www.ciis.edu/psychedeliccenter.