

ONTARIO SOCIETY OF PSYCHOTHERAPISTS

189 QUEEN STREET EAST, SUITE 1, TORONTO, ONTARIO M5A 1S2

TEL. (416) 923-4050 FAX (416) 968-6818

E-MAIL MAIL@PSYCHOTHERAPYONTARIO.ORG

MEMBERSHIP INFORMATION FOR APPLICANTS

The purposes of the Society are to represent the interests of psychotherapists and advance the standards of psychotherapy practice in order to promote effective and efficient service to all people through:

- a) encouraging, initiating and promoting activities appropriate to the strengthening and unifying of the psychotherapy profession;
- b) assisting and promoting the development of high professional standards within its membership;
- c) promoting psychotherapy research and its dissemination;
- d) promoting and encouraging educational standards within the profession;
- e) promoting responsible personal practice in the psychotherapy profession;
- f) promoting and encouraging psychotherapy concepts and principles among the public.

1. MEMBERSHIP

(A) Clinical Membership

1) *Requirements: both Academic and Equivalency must complete sections a to i.*

a-I. Education & Clinical Hours:

Academic Track

1. Hold an appropriate Graduate Degree from a recognized university; (psychology, counselling, social work, medicine, divinity, humanities, or a program substantially similar), a copy of which should accompany the application.
2. Have a minimum of one thousand (1,000) hours of professional clinical work as a psychotherapist. This clinical psychotherapy includes work with individuals, couples, families and/or groups.

OR

a-II. Education & Clinical Hours:

Equivalency Track

Alternatively, seasoned psychotherapists who do not have a graduate degree will be considered for membership on an individual basis by the Membership Committee. Both experience and training will be assessed as an equivalent to the graduate program.

These Clinical Members shall:

1. Hold an undergraduate degree or diploma
2. Have 3,000 hours of clinical experience
3. Demonstrate learning in at least four (4) of the following six (6) areas as they relate to psychotherapy:
 - theory
 - methodology/clinical skills

- research/literature review
- assessment/testing
- intellectual enquiry
- writing skills.

Knowledge in these areas may be drawn from the following sources: courses, seminars, training workshops, professional conferences and work experience. These sources shall be in addition to personal psychotherapy or psychotherapy training.

- b. Psychotherapy Training: have specific training in psychotherapy or have completed an academic graduate degree counselling practicum;
- c. Supervision: have completed a minimum of one hundred (100) hours of one to one supervision. Ordinarily an applicant is expected to have at least two (2) supervisors, neither of whom have concurrently served as the applicant's personal psychotherapist;
- d. Individual Psychotherapy: have completed a minimum of one hundred and fifty (150) hours of personal psychotherapy. At least fifty (50) hours of this must be individual and consecutive with one psychotherapist;
- e. References: provide two current references, neither of whom is the applicant's current psychotherapist—one from a supervisor or trainer and the other from a colleague familiar with the applicant's work. Both references must be Clinical Members or qualified to be Clinical Members of OSP;
- f. Liability Insurance: have or apply and be approved for professional liability insurance;
- g. Code of Ethics: sign an agreement to abide by the Society's Code of Ethics;
- h. Fees: pay the current membership fee;
- i. CEUs: report a set number of continuing education units yearly.

2) *Privileges and Limitations*

- a. Clinical Members shall hold all the rights and privileges of full membership within OSP including Regional membership, the right to serve on any Regional or Provincial Committee, the right to be nominated for Executive Office or for the Chair of any Committee, and the right to be nominated as a voting member of the Membership Council.
- b. Clinical Members have the right to use the designation "Clinical Member, OSP."

PROVISO: Qualifying Members accepted prior to November 14, 1997 seeking Clinical Member status will have their request to upgrade reviewed according to the membership By-laws in effect when they became a Qualifying Member.

(B) Qualifying Membership

This membership category is intended to provide a time-limited intermediate step for those working toward completion of requirements for full Clinical membership.

1) *Requirements: both Academic and Equivalency must complete sections a to i.*

a-I. Education & Clinical Hours:

Academic Track

1. Be enrolled in an appropriate graduate program or hold an appropriate Graduate Degree from a recognized university (psychology, counselling, social work, medicine, divinity,

humanities, or a program substantially similar), a copy or verification of which should accompany the application

2. Have a minimum of two hundred (200) hours of professional clinical experience;

OR

a-II. Education & Clinical Hours:

Equivalency Track

Alternatively, psychotherapists who do not have a graduate degree will be considered for membership on an individual basis by the Membership Committee. Both experience and training will be assessed as an equivalent to the graduate program.

These Qualifying Members shall:

1. Hold undergraduate degree or diploma
2. Have a minimum of six hundred (600) hours of professional clinical experience;
3. Demonstrate learning in at least four (4) of the following six (6) areas as they relate to psychotherapy:
 - theory
 - methodology/clinical skills
 - research/literature review
 - assessment/testing
 - intellectual enquiry
 - writing skills.

Knowledge in these areas may be drawn from the following sources: courses, seminars, training workshops, professional conferences and work experience. These sources shall be in addition to personal psychotherapy or psychotherapy training.

- b. Psychotherapy Training: be enrolled in or have completed psychotherapy training or be enrolled in or have completed an academic graduate degree counselling practicum;
- c. Supervision: have completed a minimum of fifty (50) hours of one to one supervision;
- d. Individual Psychotherapy: have completed a minimum of fifty (50) hours of individual psychotherapy;
- e. References: provide two current references, neither of whom is the applicant's current psychotherapist—one from a supervisor or trainer and the other from a colleague familiar with the applicant's work, both of whom are Clinical Members or are qualified to be Clinical Members of OSP;
- f. Liability Insurance: have or apply and be approved for professional liability insurance;
- g. Code of Ethics: sign an agreement to abide by the Society's Code of Ethics;
- h. Fees: pay the current membership fee;
- i. CEUs: report a set number of continuing education units yearly.

2) *Privileges and Limitations*

- a. Qualifying Members hold some of the rights and privileges of full membership within OSP, including the right to serve on Regional or Provincial committees, eligibility for insurance cov-

erage, the right to receive mailings and attend conferences of the Society, and the right to vote at the OSP Annual Meeting and on the Membership Council;

- b. Qualifying Members have the right to use the designation “Qualifying Member, OSP” and no other designation;
- c. Qualifying Members have a limit of five (5) years in which to complete the full requirements of Clinical Membership.

(C) Student Membership

1) Requirements

A Student Member shall:

- a. Education: Hold an undergraduate degree or diploma in a humanities related field, a copy of which should accompany the application, or either hold or be enrolled in an appropriate graduate program in a recognized university (psychology, counselling, social work, medicine, divinity, humanities or a program substantially similar), a copy or verification of which should accompany the application;
- b. Psychotherapy Training: show proof of enrolment in psychotherapy training each year at membership renewal, or have completed or be enrolled in an academic graduate degree counselling practicum, verification of which is required;
- c. Supervision: have one to one supervision if doing clinical psychotherapy;
- d. Individual Psychotherapy: have completed or be completing the minimum hours of personal psychotherapy (150 total)—at least fifty (50) hours of this must be individual and consecutive with one psychotherapist;
- e. References: provide two references, neither of whom is the applicant’s current therapist—one from a supervisor or trainer. Both references must be Clinical Members or qualified to be Clinical Members of OSP;
- f. Liability Insurance: have or apply and be approved for professional liability insurance if seeing clients;
- g. Code of Ethics: sign an agreement to abide by the Society’s Code of Ethics;
- h. Fees: pay the current membership fee;
- i. CEUS: report a set number of continuing education units yearly.

2) Privileges and Limitations

- a. Student Members hold some of the rights and privileges of full membership within OSP, including the right to serve on Regional or Provincial committees, eligibility for insurance coverage, the right to receive mailings and attend conferences of the Society, and the right to vote at the OSP Annual Meeting;
- b. Student Members have the right to use the designation “Student Member, OSP” and no other designation.

(D) Supporting Membership

A Supporting Member is a retired member and/or is an interested member of the helping professions in the wider community who wishes to be affiliated with the Society.

1) Requirements

A Supporting Member shall:

- a. Code of Ethics: sign an agreement to abide by the Society's Code of Ethics;
- b. Fees: pay the current membership fee;

2) Privileges and Limitations

- a. A Supporting Member is entitled to all newsletters, publications and discounts.
- b. A Supporting Member is not entitled to full membership rights and privileges.

(E) Honorary Membership

This title shall be conferred by the OSP Board upon such individuals who have, in the opinion of the Board, made an outstanding contribution to the psychotherapy profession and/or to the OSP.

1) Requirements

- a. Fees: Honorary members shall not be required to pay a fee.

2) Privileges and Limitations

- a. An Honorary member will assume all the responsibilities and privileges of membership.

(F) Retired Membership

1) Requirements

A Retired member shall:

- a. Membership: have been a member in good standing in any category of membership
- b. Psychotherapy Practice: not engage in the practice of psychotherapy
- c. Notification: notify the Membership Committee in writing, stating that the member has retired from the practice of psychotherapy
- d. Liability Insurance: maintain appropriate professional liability insurance
- e. Code of Ethics: sign an agreement to abide by the Society's Code of Ethics
- f. Fees: pay the current membership fee.

If a Retired member decides to resume the practice of psychotherapy within 18 months of leaving active membership, s/he may be reinstated to his/her previously held membership category by providing written notification to the Membership Committee and paying the prorated current membership fee for that category. After this period, Retired members must reapply for membership.

2) Privileges and Limitations

- a. A Retired member is entitled to the full rights and privileges of his/her previously held membership category.
- b. Retired members have the right to use their previously held member designation, followed by the word "Retired" (e.g., Clinical Member, OSP, Retired) and no other designation.

(G) Friend of the Society

A non-member of OSP who wishes to be informed of the Society's activities and views may become a Friend of the Society by paying the designated fee.

1) Privileges and Limitations

- a. A Friend of the Society is not entitled to full membership rights and privileges.
- b. A Friend of the Society is entitled to all newsletters, publications and discounts.

(H) Leave of Absence

1) Requirements

A member in good standing in any membership category shall

- a. Notify the Membership Committee in writing that s/he is taking a Leave of Absence for a period of up to 18 months
- b. Liability Insurance: maintain appropriate professional liability insurance
- c. Code of Ethics: sign an agreement to abide by the Society's Code of Ethics
- d. Fees: pay the current leave of absence fee.
- e. CEUs: report a set number of continuing education units yearly. Members who have resumed membership in the last quarter of the calendar year (from October to December) will be granted a grace period and do not need to submit CEU's for that calendar year. They will start collecting their CEUs in January of the following year instead.

If a member on Leave of Absence decides to resume the practice of psychotherapy within 18 months of leaving active membership, s/he may be reinstated to his/her previously held membership category by providing written notification to the Membership Committee and paying the prorated current membership fees for that category. After this period, the member must reapply for membership.

2) Privileges and Limitations

- a. A member on Leave of Absence is entitled to the full rights and privileges of his/her previously held membership category
- b. A member on Leave of Absence has the right to use the designation of his/her previously held membership category e.g., Student Member, OSP, Qualifying Member, OSP or Clinical Member, OSP and no other, for a period of up to 18 months.

(I) Reinstatement

A member of any category whose membership has lapsed due to non-payment of membership fees or non-submission of a completed CEU form.

1) Requirements

A former member seeking reinstatement shall:

- a. References: provide two current references, neither of whom is the applicant's current psychotherapist—one from a supervisor or trainer and the other from a colleague familiar with the applicant's work. Both references must be Clinical Members or qualified to be Clinical Members of OSP;

- b. Code of Ethics: sign an agreement to abide by the Society's Code of Ethics
- c. Fees: pay the current reinstatement fee;
- d. CEUs: report a set number of continuing education units yearly. Members who have been reinstated in the last quarter of the calendar year (from October to December) will be granted a grace period and do not need to submit CEU's for that calendar year. They will start collecting their CEUs in January of the following year instead.

(J) Election or Admission (Application Procedure)

- 1) A person desiring election or admission to the Society shall make application to the Membership Committee, accompanied by Society fees as in effect.
- 2) All applicants may be admitted by the Membership Committee after a review of the application and—where by-law 1.b.(2) is applicable—an interview by the Membership Committee when it is the opinion of the Committee that the applicant has clearly met the eligibility requirements. When an interview is considered appropriate, at least two members of the Membership Committee shall be present for the interview.
- 3) Any applicant not clearly meeting the eligibility requirements may enter into a further process with the Membership Committee, who shall decide on the merits of the case.

(J) Fees for Membership

The authorized fee categories are as follows:

1. Clinical membership, \$310.75 (\$275 + \$35.75 HST)
2. Qualifying membership, \$282.50 (\$250 + \$32.50 HST)
3. Student, Supporting, Retired, Leave of Absence and Friend of the Society membership \$141.25 (\$125 + \$16.25 HST)
4. Reinstatement of membership, \$56.50 (\$50 + \$6.50 HST). Upon reinstatement, the fee for the appropriate membership category applies.

An initial non-refundable registration fee to cover administrative costs must accompany each application for membership.

- 1) Each member shall pay into the treasury an annual fee as prescribed by the Society. The annual membership fee may only be increased by a resolution passed by a two-thirds majority vote of a duly constituted meeting of the Membership Council.
- 2) The prescribed membership fee shall be due on the first (1st) day of April and may be deemed to be in default if unpaid by the thirtieth (30th) day of June in each year.
- 3) Those members who have retired from active practice of psychotherapy in Ontario shall have the privilege of maintaining Clinical membership by paying a reduced fee as prescribed by the Society.

ONTARIO SOCIETY OF PSYCHOTHERAPISTS

SUBMISSION OF CREDENTIALS FOR MEMBERSHIP

Information gathered from sections A to H of this form will be used by the OSP office staff to process your application and for anonymous statistics that help us make decisions to serve our membership. This form, and any attachments, will also be used by the Membership Committee as part of the membership approval process. Information contained in this form will not be shared with other parties without your consent.

Contact information supplied on this form will be used by OSP to maintain a record of your membership and to include you in future OSP membership mailings.

Periodically, we will send information via E-mail.

I wish to receive information by E-mail. E-mail: _____

I do not wish to receive information by E-mail.

From time to time, OSP makes available its mailing list to organizations wishing to provide information that may be of interest to members.

Yes, please include my information in any mailing label sales.

No, I do not wish to have my name included on any outside mailing list. Please exclude my information from OSP's mailing label sales.

For a complete copy of our privacy policy please consult our website (www.psychotherapyontario.org) or contact the OSP office at (416) 923-4050.

Which mailing address do you prefer? Home Office

Name: _____

Home address: _____

Postal code: _____ Telephone: H. _____ O. _____

Office address: _____

Postal code: _____

Membership: New Upgrade

Level of Membership sought: Clinical Qualifying Student

PLEASE REVIEW MEMBERSHIP CRITERIA CAREFULLY

A. ACADEMIC QUALIFICATIONS

A1. UNIVERSITY DEGREES. Please specify program of study, degree(s) earned, the University through which these degrees were pursued/earned and the dates of attendance. Supply appropriate documentation (photocopied proof of degree earned or of enrollment in program).

Program of Study	Degree Earned	University attended	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe briefly how the previous degree(s) is(are) relevant to you to the practice of psychotherapy.

A2. OTHER ACADEMIC QUALIFICATIONS

Organization	Program	Certification	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A3. TRAINING AND EXPERIENCE THAT IS EQUIVALENT TO REQUIRED ACADEMIC QUALIFICATIONS

This section is for those who are applying for Clinical or Qualifying membership and do not meet the specified academic criteria. Please use additional paper.

For at least four of the following areas, please summarize your training, experience and the application of these elements to your clinical work.

- Theory
- Research/literature review
- Intellectual enquiry
- Methodology/clinical skills
- Assessment/testing
- Writing skills

B. PSYCHOTHERAPY TRAINING

1. Please list the psychotherapy training centres, organizations, and practicum locations where you have trained. Supply appropriate documentation. (e.g., certificate of completion or letter of enrollment)

Organization	Dates	Certificate/Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Please list the approximate number of hours devoted to the following components of your psychotherapy training:

Seminar/lecture/discussion _____

Experiential group learning _____

Observed/practice therapy _____

Engaged in practice therapy _____

Supervised clinical work _____

Group case discussion _____

Other: _____ please specify (e.g., group experiences) _____

3. For the following aspects of theory, please describe briefly how you would apply what you have studied. Include course descriptions or outlines.

Assessment _____

Methods of Intervention _____

Communication skills _____

The nature of the client/therapist relationship _____

Ethics and standards of practice _____

4. Please summarize how experiential elements of your psychotherapy training program (group experience, practice therapy, case conferences, etc.) have helped you learn to apply the aspects of theory listed in item 3.

C. ONE-TO-ONE PROFESSIONAL SUPERVISION RECEIVED

Name of training supervisor	Dates	Total # of hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of post training supervisor	Dates	Total # of hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total # of hours _____

D. CLINICAL EXPERIENCE

CLINICAL SERVICES PROVIDED TO INDIVIDUALS

Description of Clinical Services	Dates	Total# of hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

CLINICAL SERVICES PROVIDED TO GROUPS

Nature of Clinical Services	Dates	Total# of hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

CLINICAL SERVICES PROVIDED TO COUPLES AND/OR FAMILIES

Nature of Clinical Services	Dates	Total# of hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total # of hours _____

PUBLICATIONS RELEVANT TO PSYCHOTHERAPY

TEACHING POSITIONS HELD

CURRENT PROFESSIONAL DEVELOPMENT/CONTINUING EDUCATION

PROFESSIONAL CERTIFICATIONS

IS THERE ANY OTHER INFORMATION ABOUT YOUR EXPERIENCE PERTINENT TO THIS APPLICATION?

E. PERSONAL PSYCHOTHERAPY

Please give name(s) of therapist(s), dates, and the approximate number of hours of personal therapy.

Therapist	Dates	Total# of hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total# of hours _____

F. REFERENCES

Please provide two current references, neither of whom is your psychotherapist—one from a supervisor or trainer and the other from a colleague familiar with your work. Both references must be Clinical members of OSP or be qualified to be Clinical members of OSP (hold an appropriate Graduate Degree from a recognized university, 150 hours of personal psychotherapy, 100 hours of one-to-one supervision, have a minimum of 1,000 hours of professional clinical work as a psychotherapist).

Referees must complete the OSP Reference Form (no letters, thank you) and submit it directly OSP.

1. Name: _____
Address: _____

- Tel.: _____ Position: _____

2. Name: _____
Address: _____

- Tel.: _____ Position: _____

G. PROFESSIONAL LIABILITY INSURANCE

Name of Company: _____

Name of Organization which holds the policy: _____

All members of OSP who are practising or have practised psychotherapy must carry liability insurance, regardless of the category of membership.

Students who are not seeing clients and do not carry liability insurance are required to notify OSP as soon as they begin to see clients, and to provide proof of such liability insurance to OSP.

H. ETHICAL ACCOUNTABILITY

Please answer Yes or No to the following questions:

- a) Have you been found guilty following a complaint or accusation of sexual harassment, sexual abuse or any form of inappropriate sexual behavior? Yes No If yes, please describe.

- b) Have you ever been disciplined by a Professional Association or Organization? Yes No
If yes, please describe.

- c) Have you ever been convicted of a criminal offence? Yes No
If yes, please describe. Have you received a pardon in respect to that offence? Yes No

- d) Are there any disciplinary complaints, civil claims, and/or criminal charges pending against you which relate to any or all of: allegations of sexual impropriety or misconduct, breach of fiduciary duty, or complaints by former clients of patients relating to your therapist/client relationship?
 Yes No If yes, please describe.

Where the applicant has answered YES to any of the above questions, the Membership Committee may request a meeting with the applicant.

H1. ETHICAL COMMITMENT

I have read and agree to abide by the Code of Ethics of the Ontario Society of Psychotherapists.
I declare that all of the foregoing information is correct and true, to the best of my knowledge.

Date: _____ Signature: _____

I. REGISTRATION AND MEMBERSHIP

REGISTRATION FEE: Application fee for Clinical and Qualifying applicants: \$113 (\$100 + \$13 HST).
Application fee for Student applicants: \$56.50 (\$50 + \$6.50 HST), with remaining \$56.50 to be paid when upgrading to any other level of membership.

Cheques should be made payable to: ONTARIO SOCIETY OF PSYCHOTHERAPISTS.
Please send application and payment to: OSP, 189 Queen Street East, Suite 1, Toronto, ON M5A 1S2

ONTARIO SOCIETY OF PSYCHOTHERAPISTS REFERENCE FORM

(Please print clearly)

Information gathered on this form will be used by the OSP office staff to process your application and for anonymous statistics that help us make decisions to serve our membership. This form, and any attachments, will also be used by the Membership Committee as part of the membership approval process. Information contained in this form will not be shared with other parties without consent from the applicant.

For a complete copy of our privacy policy please consult our website (www.psychotherapyontario.org) or call the OSP office at (416) 923-4050.

The applicant named below is applying for Membership in the Ontario Society of Psychotherapists. Under our by-laws, it is necessary for the Society to establish eligibility for membership. The reference you are being asked to provide is a significant factor in this process.

Applicants must submit satisfactory evidence to the Membership Committee concerning their abilities as a psychotherapist and establishing that they are of good character, both personally and professionally.

SECTION A: (TO BE COMPLETED BY THE APPLICANT)

Applicant's Name _____

Address: _____ Apt.: _____

City: _____ Province _____ Postal Code _____

Category of Membership applied for: Clinical
 Qualifying
 Student

Date: _____ Applicant's Signature _____

SECTION B: (TO BE COMPLETED BY THE REFEREE AND MAILED DIRECTLY TO THE ONTARIO SOCIETY OF PSYCHOTHERAPISTS.)

Referees must be Clinical members of OSP or be qualified to be Clinical members of OSP.

Referee's Name: _____

Position: _____

Business Address: _____

City: _____ Province _____ Postal Code: _____

Telephone: (_____) _____

- OSP Clinical Member If not, do you have
- An appropriate graduate degree from a recognized university and 1,000 hours of direct clinical experience as a psychotherapist?
OR
 3,000 hours of direct clinical experience as a psychotherapist?
- AND
- 150 hours of personal psychotherapy?
 100 hours of one-to-one supervision?

Professional Degrees or Certificates

Degree	Institution	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ONTARIO SOCIETY OF PSYCHOTHERAPISTS REFERENCE FORM

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SECTION A: (TO BE COMPLETED BY THE APPLICANT)

Applicant's Name _____

Address: _____ Apt.: _____

City: _____ Province _____ Postal Code _____

Category of Membership applied for: Clinical
 Qualifying
 Student

Date: _____ Applicant's Signature _____

SECTION B: (TO BE COMPLETED BY THE REFEREE AND MAILED DIRECTLY TO THE ONTARIO SOCIETY OF PSYCHOTHERAPISTS.)

Referees must be Clinical members of OSP or be qualified to be Clinical members of OSP.

Referee's Name: _____

Position: _____

Business Address: _____

City: _____ Province _____ Postal Code: _____

Telephone: (_____) _____

- OSP Clinical Member If not, do you have
- An appropriate graduate degree from a recognized university and 1,000 hours of direct clinical experience as a psychotherapist?
OR
 3,000 hours of direct clinical experience as a psychotherapist?
- AND
- 150 hours of personal psychotherapy?
 100 hours of one-to-one supervision?

Professional Degrees or Certificates

Degree	Institution	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

