

# Appendix D

## Record of Training and Application for Membership International Society of Sandplay Therapy

Appendix D has been developed: (1) to document your completion of ISST training requirements, and (2) to serve as the Application for Membership in ISST. An electronic form is available from the ISST Secretary at [isst.office@gmail.com](mailto:isst.office@gmail.com)

To apply to become a Certified Member of ISST, please complete all sections below. If necessary, you may attach supplemental information to clarify your responses or provide additional information. Please be aware that some items need **Verification Signatures**, specifically supervisors for group and individual supervision, Case Advisor, and ISST Advisor (**for IRC's**). Your Advisor or Case Advisor may provide verification signatures for any section of this application.

Please be specific and clear. Type or print your responses. When completed, email your application to the email address above.

**Name**

**Current Date**

**Current Occupation**

**Business Address**

**Personal Address**

**Phone Numbers (Office)**

**(Home)**

**Email**

**FAX**

**Date of Birth**

**Place of Birth**

**Advisor's Name**

**Advisor's Email**

1. **Curriculum Vitae (CV):** In the space provided below, please provide information about your educational background, professional training program, licensure (if applicable), work experience in the field, and in-depth inner development and insight (such as may be achieved in experience of personal analysis or other disciplines leading to such development), together with. (If necessary, attach additional pages.)
  
2. **ISST Training:** If Case Advisors have seen certificates verifying components of ISST training requirements such as Personal Process Therapist, Theoretical training hours, Supervision hours, they may sign on behalf of the original trainer to verify completion of the training components. **Applicants are advised to keep an evidence folder of all signed certificates as these may be requested by the Certification Committee.**

**Educational Background**

College/University	Location	Date(s) Attended	Major/Subject	Degree, if applicable

**Professional Training Program(s) (if different from above)**

Training Program	Location	Date(s) Attended	Major/Subject	Certification, etc.

**Classes or Workshops in Psychopathology, Diagnosis, and Psychotherapy**

Classes or Workshops	University or Program	Location	Date(s) Attended	Number of Hours

**Institutions or Clinics in which you gained your clinical experience.**

Name of Personal or Professional Development	Location	Nature of the Work	Number of Hours

**Licensure (if applicable)**

Name of License	State or Country	Date Granted	Most Recent Renewal

**Evidence of having applied education, training, and/or license therapeutically in relation to others.**

Agency/Organization/Practice/Educational Institution	Location	Date(s)	Type of Work

**In-depth inner development and insight** (such as personal analysis or study of other disciplines leading to such development)

Type of "Inner Development" (e.g., personal analysis)	Location	Date(s)	Number of Hours	Name of Therapist (if applicable)

**Additional forms of Personal or Professional Development (if applicable)**

Type of Personal or Professional Development	Location	Date(s)	Number of Hours

**3. Sandplay Process.** Must be with an ISST member. If possible, a personal process should precede a regular course of training. (If your sandplay process has been undertaken with more than one ISST member, please attach that information using the same format as below.)

**Name of Process Therapist(s):**

Date process started

Date completed

Number of Sessions

Number of Trays

**Signature of ISST Advisor or Case Advisor verifying above**

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**4. Sandplay Training/Education.** Must be with ISST Teaching Members

Requirement: Minimum of 100 hours of theoretical teaching applied to Sandplay practice with ISST Teaching Members. These hours must be completed before submitting the Final Case to readers. Please list date of class/seminar, name of class, number of hours for each, and name of teacher(s). **Keep signed Certificates of training/education provided by your teachers for your records.** (If necessary, attach additional pages.)

Date of Class/Seminar	Name of Class/Seminar	Number of Hours	Name of Teacher(s)

Date started to accumulate hours

Date hours completed

**Signature of ISST Advisor or Case Advisor verifying above**

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5. **Symbol Paper 1** (from reference material, 10-20 pages)

**Name of Symbol Paper Reader:** \_\_\_\_\_

Title

Date completed

**Signature of ISST Advisor or Case Advisor verifying above**

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6. **Symbol Paper 2** (with case material, 10-20 pages)

**Name of Symbol Paper Reader:** \_\_\_\_\_

Title

Date completed

**Signature of ISST Advisor or Case Advisor verifying above**

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7. **Supervision.** A minimum of 80 supervision hours must be completed with at least two different supervisors. Of the 80 hours, a minimum of 30 hours must be individual supervision. Fifty (50) hours of group supervision will be acceptable provided the student presents his/her own clients' material for at least 10 hours within the group supervision hours.

List the names of your ISST teachers who have provided **individual** supervision, the number of individual hours with each teacher, and each teacher's **signature of verification** via a **Certificate of Completion** (optional) that will be presented to your Advisor.

Print name of ISST Supervisor for Individual Supervision.	Number of <b>in-person</b> Individual Supervision Hours	Number of <b>on-line</b> Individual Supervision hours

Date started .

Date completed

**Signature of ISST Advisor or Case Advisor verifying above**

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List names of your ISST Teachers who have provided **group** supervision, the number of hours you have received in group supervision from each of these teachers, the number of hours (with each teacher) you have presented your clients' work during group supervision, and each teacher's **signature of verification via a Certificate of Completion** (optional). (Note: Individual Supervision Hours are not given for presenting in a group setting.)

Print Name of ISST Supervisor for Group Supervision.	Number of Group Supervision Hours <b>On-line</b>	Number of Group Supervision Hours- <b>In person</b>	During group <b>in-person</b> supervision, how many <b>hours</b> did you present your clients' work?	During group <b>on-line</b> supervision, how many <b>hours</b> did you present your clients' work?

**Signature of ISST Advisor or Case Advisor verifying above**

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**8. ISST Final Case** (Neither process therapist nor supervisors are to read the final case.)

Advisor

Reader 1

Reader 2

Reader 3

Date of Submission

Date of Result

**Signature of ISST Advisor or Case Advisor verifying above**

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**9. Verification of Applicant’s Background and Training**

Applicant: Please sign below verifying that the information in this application correctly describes your relevant background, education, and training.

\_\_\_\_\_  
**Signature of Applicant for ISST Membership**

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Date Qualification Requirements started

\_\_\_\_\_  
Date Qualification Requirements completed

\_\_\_\_\_  
**Signature of ISST Advisor or Case Advisor verifying above**

**Date** \_\_\_\_\_

\_\_\_\_\_  
Print Name of Advisor or Case Advisor