

Recognition of Licensure From Regulated Countries Application Form

IACP accents the	licensure from th	ne following	countries for the	purpose of IACP accreditation:
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• United States	• Italy	
Canada (Ontario, Québec and Nova Scotia only)	Liechtenstein	
• Austria	• The Netherlands	
• Finland	• Sweden	
Germany	Switzerland	
• Malta		

Application process

The applicant from one of the above countries must provide the following information:

- 1. A copy of foreign qualifications
- 2. A copy of a valid licence issued by the country of origin
- 3. Proof of setting up a contract with an Accredited Supervisor (IACP, BACP, IAHIP) in line with current Supervision criteria and attend at least one session with this supervisor before applying
- 4. A copy of insurance from the country where they are currently practicing
- 5. Current and Valid Garda Vetting/ Police Clearance certificate
- 6. The application fee: €155

(The applicant must ensure that all the above documents are formally translated into English by a professional translation service)

The outcome of the application for the Recognition of Licensure and Qualifications attained outside of Ireland will be dependent on individuals obtaining Garda Vetting or a Police Clearance Certificate if practicing outside of Ireland. To apply for Garda Vetting please contact IACP Garda Vetting Officer Carla Kiely at carla@iacp.ie.

Please complete using CAPITAL LETTERS and return to: Course Accreditation Supervisor, IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin.

1. PERSONAL DETAILS			
Gender: M / F	Date of Birth (dd/mm/yy):	IACP Membershi	p No:
Surname:		Title:	·
Forename:		_Employer/Occupation:	
Address:		_Address (work):	
Phone:	(Home	e)	(Work)
Phone:	(Mobile	e) Email:	
Have you ever been ref	fused accreditation by any other pro	ofessional body? Yes	No
Have you ever had you	r accreditation withdrawn by any ot	ther professional body? Yes	No 🗌
(If Yes for either of the	above questions please give details	on a separate sheet)	
2. LICENCE DETAILS			
Country of origin:			
Licence Title:			_
Licence Provider:			_
Address:			
Telephone number:		_Email address:	
Name of applicant as it	appears on the licence:		
Licence number:		_Start date:	Expiry date:
(Please provide a copy	of the current licence with your app	lication)	
3. QUALIFICATIONS			
Evidence of successful	completion of core course must be s	submitted with application	
Course Provider:			
Address of Course Prov	rider:		
Location of course (if di	fferent to above):		
Date of graduation:			

4. YOUR PHILOSOPHY OF COUNSELLING				
This should describe your persona / and theoretical counselling / psychotherapy philosophy and show how it is congruent with your current counselling / psychotherapy practice (between 400 and 500 words).				

5. SUPERVISION
Name, address and qualification(s) of current Supervisor
Name:
Address:
Qualifications:
Membership number (must be IACP, IAHIP or BACP):
Declaration: I confirm that I have set up a Supervision Contract with the above applicant and have had at least one supervision session.
Signature of Supervisor: Date:
6. PROFESSIONAL LIABILITY INSURANCE
I confirm that I have adequate current and on-going professional indemnity insurance.
Name of Insurance Company:
Policy Number:Expiry Date (dd/mm/yy):
7. GARDA VETTING / POLICE CLEARANCE
I confirm my Garda Vetting is valid and current. (tick box)
Or if practicing outside of Ireland: Police Clearance Certificate (please provide a copy)
Signature of Applicant: Date:
8. DECLARATION
I confirm the information I have supplied is correct and true. I understand that any inaccurate or false information or omission of material information shall render this application invalid.
Signature of Applicant: Date:
9. PAYMENT DETAILS Application Fee: €155 (Please note this fee is non-refundable)
Signature:

Documents will be destroyed after an appropriate period of time as per the IACP Retention policy. Do not send any original documents unless specifically requested. Keep a copy of any application forms/correspondence you send to IACP for your own records.