



Irish Association for Counselling and Psychotherapy

Recognition of Licensure From Regulated Countries Application Form

IACP accepts the licensure from the following countries for the purpose of IACP accreditation:

• 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 Membership No: _____

Surname: _____ Title: _____

Forename: _____ Employer/Occupation: _____

Address: _____ Address (work): _____

Phone: _____ (Home) _____ (Work)

Phone: _____ (Mobile) Email: _____

Have you ever been refused accreditation by any other professional body? Yes No

Have you ever had your accreditation withdrawn by any other professional body?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 application)

3. QUALIFICATIONS

Evidence of successful completion of core course must be submitted with application

Course Provider: _____

Full Course Title: _____

Address of Course Provider: _____

Location of course (if different to above): _____

Date of graduation: _____

