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:

• Austria	• Germany	• Liechtenstein
• Canada (Ontario, Québec, North Brunswick, Prince Edward Island and Nova Scotia only)	• Italy	• South Africa
• Croatia	• Luxembourg	• Sweden
• France	• Malta	• Switzerland
• Finland	• The Netherlands	• United States

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 license 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. Proof of completion of a minimum **50 hours** of Personal Therapy
5. A copy of insurance from the country where they are currently practicing
6. Current and Valid Garda Vetting/ Police Clearance certificate
7. The application fee is €155 (an invoice will be shared upon receipt of a completed application)

(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 and a Police Clearance Certificate if practicing outside of Ireland. To apply for Garda Vetting please contact IACP Garda Vetting Officer at Vetting@iacp.ie .

Please complete using CAPITAL LETTERS and return via email to accreditation@iacp.ie or via post to: Accreditation Department, IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin, Ireland.

IACP gather and process your personal information in accordance with the relevant Irish Data Protection legislation and other, applicable laws. We process your personal information to meet our legal, statutory, and contractual obligations and to provide you with our products and services. We will hold your data securely and will never disclose your data to another organisation without your consent, unless required to do so by law. In addition, we only ever retain personal information for as long as is necessary. Should we engage the services of third party service providers in order to process your data, such processing is done in compliance with the applicable legislation, and within the terms of a formal, written contract.

If my application is successful, I would like IACP to publish my name and County in its quarterly journal?

Yes ☐ **No** ☐

1. PERSONAL DETAILS

Gender:_____ Date of Birth (dd/mm/yy):_____ IACP Membership No: _____

Surname:_____ Title:_____

Forename:_____ Employer/Occupation:_____

Address:_____ _____

_____ _____

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)

I agree that IACP may share my membership status with third parties such as members of the public, employers and health insurers for the purpose of membership verification Yes ☐ No ☐

2. LICENCE DETAILS

Country of origin: _____

Licence Title: _____

Licence Provider: _____

Web 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. Please note the IACP may contact the relevant regulatory authority to verify an applicant's credentials.

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: _____

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 *Please be advised that the fee to process Garda Vetting is an additional €30*

I confirm I will apply for Garda Vetting (*tick box*) ☐

And if you have lived 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.

Please be advised that the application processing fee is **€155.** An invoice will be shared upon receipt of a completed application.

Signature of Applicant: _____ Date: _____

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.