

## **APPLICATION FOR REGISTRATION—REGISTERED PSYCHOTHERAPIST**

### **APPLICANT INSTRUCTIONS**

**Registered Psychotherapists Board Database** (previously known as “Unlicensed Psychotherapists/Grievance Board Database”). All persons practicing psychotherapy in the State of Colorado are required to register their credentials in the database. Pursuant to Colorado Revised Statutes section 12-43-702.5, Registered Psychotherapists are required to register with the Registered Psychotherapists Board their name, current address, educational qualifications, current mandatory disclosure statement, therapeutic orientation or methodology (or both), and years of experience in each specialty area. Read the statutes carefully, especially C.R.S. 12-43-201 through 12-43-229 and C.R.S. 12-43-701 through 12-43-711. Information is available at [www.dora.colorado.gov/professions/registeredpsychotherapists](http://www.dora.colorado.gov/professions/registeredpsychotherapists).

Individuals who currently provide psychotherapy services and are in the process of applying for licensure, or have applied for licensure and have not yet been granted a license or candidate status, are required to be registered. **Submission of a licensure application does not exclude the license applicant’s responsibility to comply with the registration requirement.**

In compliance with the Michael Skolnik Medical Transparency Act of 2010, all applicants are required to complete and maintain an online Healthcare Professions Profile on our website at [www.dora.colorado.gov/professions/hppp](http://www.dora.colorado.gov/professions/hppp).

**Exemptions.** Pursuant to C.R.S. 12-43-215(8), employees of community mental health centers are exempted from the database registration requirement. More information is available at [www.dora.colorado.gov/professions/registeredpsychotherapists](http://www.dora.colorado.gov/professions/registeredpsychotherapists).

**About the Application.** This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

**Application Expiration.** Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

**Social Security Number is Required.** Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

**Disclosure of Addresses.** Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and registrations are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at [www.dora.colorado.gov/professions/onlineservices](http://www.dora.colorado.gov/professions/onlineservices).

**License Expiration Grace Period for New Applicants.** All new applicants who are issued a registration within 120 days of the upcoming renewal expiration date will be issued a registration with the subsequent expiration date. For example, registrations issued between May 1, 2013 and August 31, 2013 will reflect a registration expiration date of August 31, 2015. Registrations issued prior to May 1, 2013 will reflect an expiration date of August 31, 2013 and must renew in the upcoming renewal period.

- ▶ All Registered Psychotherapist registrations expire on August 31 of odd-numbered years and must be renewed to continue practicing.

**Checking Your Application Status.** Visit Online Services at [www.dora.colorado.gov/professions/onlineservices](http://www.dora.colorado.gov/professions/onlineservices) to track your application from the date we log it in our database to the date your registration is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

## APPLICANT CHECKLIST

To apply for a Colorado **Registered Psychotherapist** registration:

- Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado**. All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Provide documentation of highest educational degree completed and a copy of the transcript or diploma** which verifies receipt of that educational status.
- Complete the Jurisprudence Exam.** The Colorado Mental Health Profession's Jurisprudence Examination is now electronic. To access the exam, go to [www.iqtesting.com](http://www.iqtesting.com). Applicants are required to pay an \$18.00 electronic exam administration fee before taking the exam. The results of the exam will be available immediately upon completion of the exam. Candidates should follow the directions given by the vendor to print the passing results, and submit the results with their application packet. **If a candidate does not pass the exam, there is a waiting period of 10 days before the candidate can retake the Colorado Mental Health Profession's Jurisprudence Examination.**
- Attach a completed Mandatory Disclosure Statement.** C.R.S. 12-43-214, mandatory disclosure of information to clients, has been required by law since July 1, 1988. This disclosure of information is viewed as significantly important in protecting the public from the unauthorized, unqualified, and improper application of psychotherapy. It is one of the few prohibited activities which is also an unlawful act (a class 3 misdemeanor offense). Attached for your convenience is a copy of a model disclosure statement provided to assist psychotherapists in meeting this statutory requirement. All psychotherapists must include a copy of their mandatory disclosure statement with their registration application.
- Attach a brief statement/listing of therapeutic orientation, plus years of experience.** An attachment identifying the most recognized methods used by psychotherapists in Colorado is included as a guide. This is only a sample to assist you in defining orientation/methodology and is not an all-inclusive listing of psychotherapeutic methods.
- Complete an online Healthcare Professions Profile.** Once your application is received and entered into the Division of Professions and Occupations database, you must create a Healthcare Professions Profile on our website at [www.dora.colorado.gov/professions/hppp](http://www.dora.colorado.gov/professions/hppp). You may begin checking the Healthcare Professions Profiling Program (HPPP) website within a few days of submitting your application. If you cannot create your profile within 14 days of submitting your application, or if you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at (303) 894-5942. **Your application is not considered complete, and a license will not be issued until you have submitted the online profile.**

**Return your completed application packet and all supporting documentation to:**

Division of Professions and Occupations  
**Office of Licensing—Registered Psychotherapist**  
1560 Broadway, Suite 1350  
Denver, CO 80202



## IMPORTANT NOTICE

**TO:** All Applicants

**FROM:** Director of the Division of Professions and Occupations

**SUBJECT:** Licensure and Criminal History

Thank you for your interest in becoming a licensed\* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

*\*The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



**Colorado Department of Regulatory Agencies**  
 Division of Professions and Occupations  
 1560 Broadway, Suite 1350  
 Denver, CO 80202

**Licensee/Applicant Full Legal Name**

Last	First	Middle	Suffix

**Colorado Professional or Occupational License/Certification/Registration Number:** \_\_\_\_\_  
 (if already licensed)

**Professional or Occupational License/Certification/Registration type applying for:** \_\_\_\_\_

**AFFIDAVIT OF ELIGIBILITY**

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure\* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

*\*The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

**Section A: LAWFUL PRESENCE in the United States**

1.  I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2.  I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3.  I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
  - a.  I am a U.S. citizen, not physically present or employed in the United States.
  - b.  I am a Foreign National, not physically present or employed in the United States.

**Section B: SECURE AND VERIFIABLE DOCUMENTS**  
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

**Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)**

<b>Government Issued Identification</b>	<b>Name of state agency or federal agency that issued the document</b>	<b>Full name as shown on driver's license or state/federal issued ID</b>	<b>License/ID Number</b>	<b>Expiration Date (mm/dd/yyyy)</b>	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			<b>Issuing federal agency:</b>		
<b>Name on card</b>	<b>Alien Number (A#)</b>	<b>Card Number</b>	<b>Valid from (mm/dd/yyyy)</b>	<b>Expires (mm/dd/yyyy)</b>	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			<b>Issuing federal agency:</b>		
<b>Name on card</b>	<b>Alien Number (A#)</b>	<b>Country of birth</b>	<b>Card expires (mm/dd/yyyy)</b>	<b>Resident since (mm/dd/yyyy)</b>	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
<b>Issuing foreign country</b>	<b>Passport Number</b>	<b>Visa Number</b>	<b>Visa Class (ex.: J-1, P-1, H-1B, etc.)</b>	<b>Date of entry (mm/dd/yyyy)</b>	<b>Until date (mm/dd/yyyy)</b>
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
<b>Issuing foreign country:</b>			<b>Passport Number:</b>		

**Section C: ATTESTATION**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Signature (Full Name)

\_\_\_\_\_  
Date

**This application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.**

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

I am currently licensed/certified as a Certified Domestic Violence Treatment Provider.  YES  NO

▶ If YES, provide documentation.

**PART 1—APPLICANT INFORMATION**

<b>Name:</b> Last:	First:	Middle:	Suffix:
<b>Previous Name(s):</b>			
<b>Social Security Number: *</b>	<b>Date of Birth (mm/dd/yyyy):</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Place of Birth</b> (city and state, or foreign country):			
<b>Mailing Address:</b>		PO Box, Street:	
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business		City, State, Zip:	
<b>Daytime Telephone Number:</b> (     )		<b>E-mail Address:</b>	
		Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

**PART 2—EDUCATION**

Check your **highest educational degree** and enclose a copy of the **transcript** or **diploma** which verifies receipt of the educational status listed.

<input type="checkbox"/> GED	<input type="checkbox"/> Bachelors
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Masters
<input type="checkbox"/> Associate	<input type="checkbox"/> Doctorate

**Name and location of college, university, or program awarding degree:**

<b>Field of study:</b>	<b>Diploma/degree conferral date:</b> (mm/dd/yyyy):
------------------------	--

\* **Social Security Number Disclosure.** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

**OFFICE USE ONLY**

**REGISTRATION NUMBER:** \_\_\_\_\_

**DATE ISSUED:** \_\_\_\_\_

**PART 3—MILITARY QUESTIONS**

1. Are you a Member of the U.S. military? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
➤ If <b>YES</b> , provide information below:	
Branch:	Duty Station:
2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
➤ If <b>YES</b> , refer to the <i>Military Spouse Exemption Form</i> available on our website at: <a href="http://www.dora.colorado.gov/professions/military">www.dora.colorado.gov/professions/military</a> .	

**PART 4—SCREENING QUESTIONS**

**You must provide the following for each “YES” response to the screening questions below:**

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome.

**You may be required to provide the following:**

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Have you ever been notified by any state, territory, district, country, United States government agency, or state certification/licensing board of any complaint filed against you relative to the practice of psychotherapy? This includes, but is not limited to, any allegations currently pending.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has any disciplinary action ever been taken regarding any psychotherapy/drug and alcohol services certification/license which you now hold or have ever held? Include any disciplinary actions by the U.S. military, U.S. Public Health Service, or other U.S. federal governmental entity. (Disciplinary actions include, but are not limited to, suspension, revocation, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.) ➤ If <b>YES</b> , include state or government agency, date, charge, and disposition in your explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been denied a certification/license or permission to practice psychotherapy, or permission to take an examination for licensure in any state, country, or U.S. federal jurisdiction? ➤ If <b>YES</b> , include state or government agency, date, and reason for denial in your explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever voluntarily surrendered a certification/license to practice psychotherapy in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever had staff privileges limited or reduced, denied, suspended or revoked, or have you resigned from a staff position in lieu of disciplinary action? ➤ If <b>YES</b> , provide a copy of your letter of resignation or disciplinary action, and include the name and address of the facility and the reason for action in your explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever received a deferred judgment or been convicted of or pled nolo contendere to a violation of any federal, state, or local law relating to the manufacture, distribution or dispensing of a controlled substance, or relating to drug abuse, including alcohol (DUI/DWI/DWAI/OWI)? ➤ If <b>YES</b> , provide documentation from the court verifying completion of probation/parole requirements.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you ever received a deferred judgment or been convicted of or pled nolo contendere to any felony in any state, territory, district, the U.S., or foreign country? Include any conviction that has been set aside, dismissed, or pardoned under any provision of the law. ➤ If <b>YES</b> , provide documentation from the court verifying completion of probation/parole requirements.	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PART 4—SCREENING QUESTIONS (Continued)**

8. Have you ever entered into any malpractice settlement or had any malpractice judgment entered against you in a court of law?  YES  NO
9. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice psychotherapy safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?  YES  NO
- ▶ If **YES**, give dates of onset, description of condition, description of treatment, name and address of health service provider, and current status of condition. Attach a letter from your current or most recent health care provider stating that you are able to practice with skill and safety to clients.
10. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice psychotherapy safely and competently?  YES  NO
- ▶ If **YES**, if treated, give name, address and zip code of both facility and health service provider, dates of treatment, current status of condition, etc. Provide a written statement from the treatment center you attended documenting completion of therapy.

**ATTESTATION**

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date

## A "SAMPLE" SUMMARY OF CURRENT PSYCHOTHERAPIES

1. Psychoanalysis
2. Adlerian Psychotherapy
3. Analytical Psychotherapy
4. Client-Centered Therapy
5. Rational-Emotive Therapy
6. Reality Therapy
7. Transactional Analysis
8. Encounter
9. Eclectic Psychotherapy
10. Hypnotherapy
11. Behavior Therapy
12. Gestalt Therapy
13. Neuro Linguistic Programming
14. Experiential Psychotherapy

### Sources

Corsini, Raymond "CURRENT PSYCHOTHERAPIES"; Itasca, Illinois: F.E. Peacock Publishers, Inc., 1973  
Herink, Richard "THE PSYCHOTHERAPY HANDBOOK"; New York: New American Library, Inc., 1980

### Current Psychotherapies

1. **Psychoanalysis:** As a system of psychology derived from Sigmund Freud, Psychoanalysis stresses the importance of the unconscious and dynamic forces in psychic functioning. It is a form of therapy that uses "free association", in which the patient is encouraged to speak openly and freely, and relies on the analysis of transference and resistance. Psychoanalysis strives on making the unconscious more conscious.
2. **Adlerian Psychotherapy:** Also known as individual psychotherapy, Adlerian psychotherapists believe that an individual's self-image can be self-defeating and that those with "psychopathology" are discouraged rather than sick. Thus, the therapeutic approach is to encourage, to activate social interest, and to develop a new life style through relationship, analysis, and action methods.
3. **Analytical Psychotherapy:** Analytical psychotherapy attempts to create, using a symbolic approach, a dialectical relationship between consciousness and the unconscious. The therapist encourages and guides communication between the two systems via an imaginable process using "symbolic language", as in dreams, fantasies, etc. Increased awareness, and thus symptomatic relief, is brought about by the translation and interpretation of this "symbolic language."
4. **Client-Centered Therapy:** In Client-Centered therapy, the central hypothesis is that the growthful potential of any patient will tend to be released in a relationship in which the therapist communicates realness, caring, and a deeply sensitive, non-judgmental understanding. Thus, the therapist practices participative and empathic listening, while allowing the client to freely vent his/her feelings.
5. **Rational-Emotive Therapy (RET):** RET is based on the hypothesis that an individual's irrational beliefs result in erroneous and damaging self-appraisals. RET attempts to change these faulty beliefs by emphasizing cognitive restructuring, using the "ABC" theory of emotional disturbance and personality change. Albert Ellis states, "...when a highly charged emotional consequence (C) follows a significant activating (A) event, (A) may contribute to; but only partially causes (C). RET hypothesizes that the emotional consequences (C) are more likely caused by someone's belief system (B) about (A), rather than (A) alone". RET therapists utilize many cognitive, affective, and behavioral methods to reorient the patient's belief system.
6. **Reality Therapy:** Reality therapy consists of a series of theoretical principles. It is applicable to individuals with behavioral and emotional problems, as well as those experiencing identity crisis. Focusing on the present and behavior, the therapist guides individuals towards enabling them to see themselves accurately, to face reality, and to fulfill their own needs without harming themselves or others. The crux of this theory is personal responsibility for one's own behavior.

- 7. Transactional Analysis:** Transactional Analysis is an approach to interactional psychotherapy. This style focuses on gaining the greatest possible benefit from the group environment. The therapist's ultimate objective is to provide the client with a level awareness which enables the client to make new decisions regarding future behavior and the future course of their life.
- 8. Encounter Psychotherapy:** Encounter is a method of human relating based on openness and honesty, self-awareness, self-responsibility, awareness of the body, attention to feelings, and an emphasis on the here-and-now. As a therapeutic method, it usually occurs in a group setting. Encounter therapy focuses on removing blocks to better functioning. Encounter is also educational and recreational in that it attempts to create conditions leading to a more satisfying use of personal capacities.
- 9. Eclectic Psychotherapy:** Eclectic psychotherapy selects what is valid or useful from all available theories, methods, and practices. The eclectic approach rejects adherence to any one school or system, and instead utilizes what is most valid or relevant from the whole therapeutic spectrum. It is composed of contributions from many different sources, used according to whether they are valid, applicable, and indicated. The eclectic method thereby becomes a basic scientific approach to the problem of matching suitable clinical methods to the needs of specific cases.
- 10. Hypnotherapy:** Hypnotherapy is a mechanism that effectively lifts repression, uncovers memories, encourages abreaction's (the re-experiencing of a previous emotional event) and dreaming (in terms of affective experiencing), enhances both motivation and a working alliance, and is also effective in activating a rapid transference reaction. Hypnotherapy can also be defined as a deepening of a normal psychophysiological phenomenon through an intense focusing of attention upon a specific inner or outer stimulus.
- 11. Behavior Therapy:** Behavior is composed of cognitive, motor, and most importantly, emotional responses. Behavior is seen as responses to stimulation, internal and external, therefore the goal of therapy is to modify unadaptive stimulus-response (S-R) connections. Behavior therapy methods, insofar as possible, parallel those of experimental psychology. Behavior therapy includes systematic desensitization, assertiveness training, and aversion techniques, as well as several others.
- 12. Gestalt Therapy:** Gestalt therapy consists of bringing discordant elements into a mutual, self-disclosing confrontation. This approach is ahistoric, focuses attention on immediate behavior, and calls for the personal participation of the therapist. Individuals often feel fragmented, with at least some perceptions, feelings, behaviors, or thoughts that are puzzling, unrelated, or troubling because they are not integrated with the whole. The task of therapy is to discover the relatedness of these alienated aspects through awareness.
- 13. Neuro-Linguistic Programming (NLP):** NLP is a detailed operational model of the processes involved in human behavior and communication. Although it is not itself a psychotherapy, NLP's principles can be used to understand, and make changes in, any realm of human experience and activity. NLP, however, has been applied to therapeutic concerns, and the result is a powerful, rapid, and subtle technology for making extensive and lasting changes in human behavior and capacities. NLP deals with modifying and redesigning thinking patterns to give the patient more flexibility and new capacities and abilities.
- 14. Experiential Psychotherapy:** Experiential psychotherapy works with immediate concreteness. Linked to existential psychotherapy, which holds that one makes and changes oneself in present living, experiential psychotherapy and "focusing" gets into direct touch with the concrete level, where troubles are said to actually exist. Therapists try to establish a "felt sense" within their patients in order to create a more holistic sense of a problem or unresolved situation.

**Mandatory Disclosure Form & Checklist (Revised 11/23/2011)**  
**Exact Language in items 3, 4, 5, 6, & 7 is REQUIRED**

Mandatory Checklist Item	I have included this language on my Mandatory Disclosure Form
1. Name, Business address, Business telephone number.	<input type="checkbox"/>
2. List any degrees, credentials, certifications, registrations, and licenses held or obtained, including the education, experience, and training you were required to satisfy in order to obtain the degree, credentials, certifications, registrations, or licenses.	<input type="checkbox"/>
<p>3. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of _____ Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals:</p> <ul style="list-style-type: none"> <li>✓ Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.</li> <li>✓ Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.</li> <li>✓ Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.</li> <li>✓ Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.</li> <li>✓ Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.</li> <li>✓ Licensed Social Worker must hold a master's degree in social work.</li> <li>✓ Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.</li> <li>✓ Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision.</li> <li>✓ A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.</li> </ul>	<input type="checkbox"/>
<p>4. Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, <b>[If your practice is covered by HIPAA add this statement: "and the HIPAA Notice of Privacy Rights you were provided"]</b> as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <a href="http://www.dora.colorado.gov/professions/registeredpsychotherapists">www.dora.colorado.gov/professions/registeredpsychotherapists</a>.</p>	<input type="checkbox"/>
5. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.	<input type="checkbox"/>
6. You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.	<input type="checkbox"/>

