

# Appendix 8: Confirmation of final assessment

*This declaration applies to those without a Masters level qualification. Applicants must satisfactorily complete a final assessment of their clinical and professional practice as accredited or set by the Board.*

Request to move from the Interim Psychotherapist Scope of Practice to the Psychotherapist Scope of Practice / Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism.

**I am applying to move from the Interim Psychotherapist Scope of Practice to:**

Psychotherapist Scope of Practice

Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism

This process requires you to complete the following where applicable:

* Confirmation of final assessment – Interim Psychotherapist Scope of Practice
* Declaration of supervised psychotherapy and personal therapy hours form (Appendix 6)
* Supervisor declaration form (Appendix 7)

I have completed a Board approved assessment of clinical and professional practice.

This assessment was completed by (date)

I was assessed by (panel or person’s name)       and deemed to be a competent psychotherapist

*Assessor details*

|  |
| --- |
| Name: |
| Date of assessment: |
| Signature: |

*Applicant details*

|  |
| --- |
| Name: |
| Date of birth: |
| Registration number: |
| Signature: |