

# Application for Credentialing as a Balint Seminar Leader

Please type all entries:

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address:

Home \_\_\_\_\_

\_\_\_\_\_

Work \_\_\_\_\_

\_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Current Professional Role: \_\_\_\_\_  
(Describe and give dates of employment)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relevant Past Professional Roles:

\_\_\_\_\_

(Describe and give dates of employment)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Degrees: please give degree, date awarded, institution

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional License: enter name of license, number and state awarding license:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE CIRCLE Y or N , and leave BLANK the space (\_\_\_\_) to the right.

1. I am currently a member of the American Balint Society Y / N \_\_\_\_\_

2a. I have been leading/co-leading Balint seminars no less than twice monthly for \_\_\_\_\_ years. (FILL IN NUMBER) Y / N \_\_\_\_\_

Describe briefly the demographics of your group (geographic location, setting or context in which it meets, profession of group members).

2b. During this two-year period of leading / co-leading Balint seminars, I have reviewed, discussed, and analyzed the progress of the Balint group with my co-leader at least twice a month for no less than one half hour per session. Y / N \_\_\_\_\_

2c. I lead this Balint seminar without a co-leader. Y / N \_\_\_\_\_

3a. Co-leader(s) Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please sign here giving your consent for the ABS to contact your Co-leader(s)

\_\_\_\_\_

3b. My Co-leader is a Credentialed Balint Leader (Credentialed by the American Balint Society). Y / N \_\_\_\_\_

3c. If co-leading Balint seminars with a non-credentialed co-leader, or if leading a Balint seminar without a co-leader, I have obtained outside supervision from a credentialed Balint leader, using audio or videotape, or typed transcripts of my Balint seminar work from:

Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please sign here giving your consent to contact your supervisor:

\_\_\_\_\_

The frequency of this supervision was \_\_\_\_\_ times per year / month (CIRCLE ONE) and duration of supervision has been for \_\_\_\_\_ years / months (CIRCLE ONE).

3d. My Co-leader is a:

	Family MD	Y / N _____
	Other general practice physician	Y / N _____
or	Psychiatrist	Y / N _____
	Psychologist	Y / N _____
	Licensed Clinical Social Worker	Y / N _____

4a. I have had formal Balint group experience as a member of a Balint Group that met no less frequently than twice a month. Y / N \_\_\_\_\_

If yes, Leader(s) name \_\_\_\_\_  
Number of years membership in group \_\_\_\_\_

4b. I have had formal graduate level training in group process theory and at least 3 months of group laboratory experience. Y / N \_\_\_\_\_

5a. I have completed the following Intensive Leader Training (given by the ABS):

Date / Location: \_\_\_\_\_  
Date / Location: \_\_\_\_\_  
Date / Location: \_\_\_\_\_  
Date / Location: \_\_\_\_\_

5b. I have completed the following multiple session Balint Workshops:

Date / Location: \_\_\_\_\_  
Date / Location: \_\_\_\_\_  
Date / Location: \_\_\_\_\_  
Date / Location: \_\_\_\_\_

6. If you do not appear to qualify for credentialing, but believe there are other factors which we should take in to account in considering your application, please enumerate below (type, please).