

Please complete the application online.



Online Application: DBT Foundational Training
Behavioral Tech Institute

The DBT Foundational Training requires that participants work in an active DBT program, currently participate in a consultation team, and will continue learning DBT with a mentor. Only people who have attended an approved comprehensive training in DBT (e.g., Intensive or Foundational) may serve as mentors for team members attending Foundational Training. A mentor is required to meet the following qualifications:

Either:

1. Certification by the DBT-Linehan Board of Certification (DBT-LBC)

Or

1. Be an active member of a functioning DBT consultation team for at least 2 years post their own comprehensive DBT training, OR
2. Be an active member of a functioning DBT consultation team with less than 2 years post-comprehensive experience and receive consultation from a BTECH consultant until they are 2 years post-intensive or the trainee completes their DBT Foundational Training, whichever occurs first, AND
3. Must have received their comprehensive training from one of the following groups or be specifically recommended by a BTECH Trainer
 - Behavioral Tech or its International Affiliates
 - Cognitive & Behavioral Consultants, LLP, New York
 - German Association for DBT (DDBT)
 - Portland DBT Institute
 - Treatment Implementation Collaborative, LLC
 - University of Toronto, Centers for Addiction & Mental Health
 - University of Washington, Behavioral Research & Therapy Clinics

Paper applications will not be reviewed.

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Please note: Please have this information available before you begin the survey. You will not be able to save your form and return to it. **You must complete the entire form in 1 session.**

1. Payment confirmation order number
2. Information about when and how often your DBT Team meets
3. Information about the person who will serve as your mentor for the training, including:

- Mentor's email address
- Which comprehensive DBT training they have completed?
 - Training Name
 - Dates & Location
 - Instructors
 - The name of the training organization they completed their training with.
- Duration & frequency of your mentorship

4. Confirm that you have reviewed the Mentorship Agreement with your mentor and that they have agreed to the terms.

* 1. I have the required information available to me to proceed.

Yes

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DBT Foundational Participant's Information

* 2. For which DBT Foundational Training are you applying?

* 3. To confirm your Payment, please provide the 5-digit Order #.

If you have not paid for the training, please return to the [Training's Details webpage](#) to complete your order.

* 4. Participant's Full Name (i.e., the individual who will be attending the DBT Foundational Training)

* 5. Participant's Email Address

***Important:** Please list your work email address. This email address will be used for all email communication and your enrollment into our system.

* 6. What date did you become a member of this DBT consultation team?

Date Format: MM/DD/YYYY

Date

* 7. How long has your DBT consultation team been in existence?

- Less than 1 year
- 1 year or more

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Mentor's Certification Information

* 8. Is your mentor a member of the same consultation team as you?

Yes

No

* 9. Is your mentor certified through the DBT Linehan Board of Certification (DBT-LBC)?

No, my mentor is not DBT-LBC certified.

Yes, my mentor is DBT-LBC certified. Here's my mentor's DBT-LBC certification number:

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Verifying Mentor's Post-Comprehensive Training

* 10. Has it been at least 2 years since your mentor completed their DBT Comprehensive Training?

Yes

No

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Mentor's Training History

* 11. On approximately what date did your mentor complete their comprehensive training?

Date Format: MM/DD/YYYY

Date

MM/DD/YYYY

* 12. Which DBT comprehensive training did your mentor complete?

Please provide the name of the training, location, instructors' names, and any other training-related information.

* 13. What training organization provided the training your mentor completed?

- | | |
|--|---|
| <input type="radio"/> Behavioral Tech, LLC/Behavioral Tech Institute | <input type="radio"/> German Association for DBT (DDBT) |
| <input type="radio"/> British Isles DBT (BIDBT) | <input type="radio"/> Hellenic Association for Behavioral Research (Greece) |
| <input type="radio"/> Cognitive & Behavioral Consultants (New York) | <input type="radio"/> Italian Society for DBT (SIDBT) |
| <input type="radio"/> DBT Brasil | <input type="radio"/> Portland DBT Institute |
| <input type="radio"/> DBT Latinoamerica (DBT Latam) | <input type="radio"/> Treatment Implementation Collaborative, LLC |
| <input type="radio"/> DBT MENA (Middle East & North Africa) | <input type="radio"/> University of Oslo, National Centre for Suicide Research & Prevention |
| <input type="radio"/> DBT New Zealand (DBTNZ) | <input type="radio"/> University of Toronto, Centers for Addiction & Mental Health |
| <input type="radio"/> DBT Russia | <input type="radio"/> University of Washington, Behavioral Research & Therapy Clinics |
| <input type="radio"/> Dialexis (Netherlands & Belgium) | |

Mentor is recommended by a specific BTECH Trainer. Please provide Trainer's name.

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Verifying Mentor's Work with Consultant

* 14. Is your mentor receiving consultation from a BTECH consultant until they are 2 years post-intensive or until you (the trainee) have completed your DBT Foundational Training?

Yes

No

* 15. Please provide the name of BTECH consultant whom your mentor is receiving consultation from.

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Mentorship & Team Information

* 16. Please provide the following information about your Mentor.

Name:

Email Address:

* 17. What will be the duration and frequency of your mentorship (minimum of 1 year).

Date of Mentorship began/will begin:

Anticipated Frequency of Contact with Mentor:

Anticipated End Date of Mentorship:

* 18. At what day and time does your DBT Team meet on a weekly basis?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

My team does not meet regularly.

Time (please include time zone):

* 19. For how many hours per week does your consultation team meet?

- less than 1 hour (<60 minutes)
- 1 to 1 ¼ hours (60 - 75 minutes)
- 1.5 hours (76 - 90 minutes)
- 2 hours (91 - 120 minutes)
- more than 2 hours (>120 minutes)

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* 20. How often do you attend your consultation team?

- 90 - 100% 75 - 90% 50 - 75% Less than 50%

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Mentorship Agreement

NOTE TO MENTOR: We field many requests from individuals who are currently members of DBT teams who have not themselves received comprehensive training in DBT. As a result, we offer the Dialectical Behavior Therapy Foundational Training. Foundational Training covers the standard content taught in Part 1 of Intensive Training. Foundational participants are required to complete several of the homework assignments required in Intensive Training, as well as a post-training DBT examination.

All Foundational participants must receive mentorship from a member of their DBT consultation team. It is the responsibility of the Foundational participant and the team member to evaluate his/her qualifications to serve as a mentor based on the requirements listed at the beginning of the application.

This team member must:

- **Serve as a Mentor to the Participant**
- **Ensure that the Participant is oriented to their role on the DBT Consultation Team and is a functioning member of their team**
- **Confirm that the Foundational Participant has fulfilled all prerequisites to attend the Foundational training (see below)**
- **Meet with the Participant on a regular basis (outside of regular Consultation Team meetings) to provide support and corrective feedback as the Participant completes the required readings and homework**
- **Agree to serve as Mentor for a minimum of one year.**

* 21. I attest that I have reviewed the Mentorship Agreement with my mentor, and they confirm and agree to the following:

- I am a member of my mentor's DBT Consultation Team and meet at least weekly with the team.
- My mentor agrees to support, monitor, and provide feedback to me while I complete the DBT Foundational Training and homework.
- My mentor understands that this involves assisting me with meeting prerequisites and completion of homework assignments.
- My mentor agrees to provide BTECH with verification that my homework assignments have been completed within the required timeframe.

Yes, I attest that I have reviewed the Mentorship Agreement with my mentor and confirm their agreement.

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Training Agreement

The **Training Agreement** requires your consent and agreement before you participate in the training. The form asks you to acknowledge that although DBT has empirical support regarding its efficacy, your clinical judgment is required in its application to particular settings and clients. The agreement also specifies how you are allowed to use the training materials supplied to you to train others in your setting.

1. I understand that although there is empirical evidence for the effectiveness of DBT, this evidence is not presented as a guarantee, either direct or implicit, of the efficacy and/or effectiveness of this treatment.
2. I understand that DBT is a complex, evidence-based treatment; however, DBT may not be considered the current "standard of care" for particular clinical populations, and each practitioner must independently evaluate and use his or her own judgment in treating clients.
3. I understand that there are other treatments available for suicidal populations and that DBT is only one such treatment.
4. I agree to maintain strict confidentiality about participant, patient- or client-specific information that may be shared during this training. I agree to not discuss this information with anyone outside of the training room, nor say or do anything that compromises the participants' or patient's confidentiality.
5. I understand that by attending this training I may participate in the review of one or more confidential, video recordings of individual or group therapy sessions. If I happen to know any patient(s) in that video in any context, I agree to excuse myself from the room and not see the video.
6. I understand that Behavioral Tech (BTECH) has a strict policy prohibiting audio or visual recording for all aspects of training provided by BTECH. I recognize and agree that recording without permission will result in a violation of patient confidentiality and may subject me to legal action.
7. I understand that the Training Materials provided to me by Behavioral Tech (BTECH) are for the purpose of my own education and training to use in my own clinical practice.
8. I agree that the Training Materials used in the workshop or training I am attending are Behavioral Tech's intellectual property and are provided to me as a perpetual, revocable, non-exclusive, non-transferable, and non-sub licensable license.
9. I agree that I will not copy, modify, duplicate, publish, or distribute the training materials provided by BTECH without the express written permission of BTECH.
10. I understand that I may not use the training materials provided by BTECH for the training of employees and staff in my home department, hospital, clinic or agency.
11. I agree that I will not accept compensation for presentations or training using the Training Materials without the express written permission of BTECH and the copyright holders of those materials.
12. I agree that any other use of the Training Materials provided by BTECH, or sent to me as an alumnus of a BTECH event is prohibited without the express written permission of BTECH and the copyright holders.
13. I understand the copyrighted materials include, but are not limited to, audiovisual aids, handouts, and reprints.
14. I acknowledge that completion of any BTECH workshop or training in no way constitutes certification as a DBT therapist, nor does it result in an endorsement of my work in any way on the part of BTECH.

* 22. Please confirm your acceptance of the training agreement.

Yes, I have read and agree to accept all terms of the Training Agreement.

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Video Privacy & Confidentiality Agreement

The **Video Privacy & Confidentiality Agreement** requires your signature before you can participate in the online/virtual, instructor-led training. This training will be using several recorded therapy sessions, and as a result, all participants and faculties must adhere to the terms specified to ensure patient/client privacy and confidentiality. This agreement is only applicable to individuals who are participating in the DBT Foundational Training via the live, instructor-led training format.

1. I agree to participate in this online/virtual instructor-led training with an expert trainer, and I will attend this virtual training in a private and secure environment; ensuring that no one can see my screen nor hear the audio. I understand that I must use earphones to maintain the confidentiality of the material presented, and have my camera on during the training to verify my attendance and setting.
2. I agree to maintain strict confidentiality about participant, patient- or client-specific information that may be shared during this virtual training. I agree to not discuss this information with anyone outside of the training, nor say or do anything that compromises the participants' or patients' confidentiality.
3. I understand that I, and fellow participants, will engage in an audio-visual discussion of our clinical work, and that it is my responsibility to maintain the privacy and confidentiality of what is discussed.
4. I understand that Behavioral Tech has a strict policy prohibiting audio or visual recording for all aspects of this training. I recognize and agree that recording without permission will result in a violation of patient confidentiality and may subject me to legal action.

* 23. Please confirm your acceptance of the agreement.

Yes, I have read and agree to accept all terms of the Video Privacy & Confidentiality Agreement.

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PHOTO AND VIDEO RELEASE FORM

I grant to Behavioral Tech Institute the right to take images of me in connection with the above identified event. I authorize Behavioral Tech Institute to copyright, use, and publish the same in print and/or electronically.

I agree that Behavioral Tech Institute may use such photographs of me with or without my name and for any lawful purpose, including publicity, illustration, advertising, and web content.

* 24. I have read and understand the information above.

- Yes, I grant the use of my image in pictures and videos
- No, I do not want my image to be used

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