

Please complete the application online.



Online Application:
Dialectical Behavior Therapy Intensive Training

* 1. For which DBT Intensive Training are you applying?

* 2. To confirm Application Fee Payment, please provide the 5-digit Order #

* 3. Each team must have a designated leader to apply for training. Are you the Team Leader?

- Yes
 No

SAMPLE

Paper applications will not be reviewed.

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Personal Information

* 4. Participant Information

First Name

Last Name

Degree/Credentials
(BS, BS, LCSW, MA,
MD, MS, MSW, PhD,
PsyD, etc.)

City/Town

State/Province

Country

Work Email Address

Phone Number

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

* 5. Discipline (required for CE/CME)

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DBT Consultation Team Information

*** 6. Team Name**

(please use the exact same name as the other members of your team)

*** 7. I have participated in a weekly DBT consultation team.**

Yes

No

If yes, the number of months you have participated.

*** 8. 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)

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

90 - 100%

75 - 90%

50 - 75%

Less than 50%

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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**

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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.

* 10. 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 this training. This training will be using several recorded therapy sessions, and as a result, all participants and faculty must adhere to the terms specified to ensure patient/client privacy and confidentiality.

For in-person training,

1. I agree to maintain strict confidentiality about participant, patient- or client-specific information that may be shared during this in-person 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.
2. I understand that I, and fellow participants, will engage in discussion of our clinical work, and that it is my responsibility to maintain the privacy and confidentiality of what is discussed.
3. I understand that BTECH has a strict policy prohibiting audio or visual recording for all aspects of this training provided by Behavioral Tech. I recognize and agree that recording without permission will result in a violation of patient confidentiality and may subject me to legal action.

For remote, Instructor-led training,

1. I agree to participate in this remote instructor-led training with an expert DBT trainer, and I will attend this remote 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 BTECH has a strict policy prohibiting audio or visual recording for all aspects of this training provided by Behavioral Tech. I recognize and agree that recording without permission will result in a violation of patient confidentiality and may subject me to legal action.

* 11. By providing the electronic signature below, I attest that I have read and agreed to all terms of this agreement.

Name

Date

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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.

* 12. 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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Team Application

* 13. What is the name of your DBT Team?

(Please ensure that all members of your team enter the team name exactly as entered here)

* 14. Team Contact Information

Team Leader

Email Address

Phone Number

IMPORTANT: Behavioral Tech may direct specific training-related communications to the Team Leads. The Team Leads are responsible for ensuring those tasks and/or follow-up communications are addressed in a timely manner.

Please make sure that your email address listed here is correct.

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* 15. **Names of Team Members:** (Minimum of 3 members to an ideal maximum of 8, including the team leader. 12 members is the upper limit for training teams.)

Please list the name of each member of your team and specify each person's planned roles in DBT program (i.e., Skills trainer, Coach, Individual Therapist, Pharmacotherapist)

Example: Maria Roy: team leader, individual therapist, skills trainer

| | |
|----------------|----------------------|
| Team Member 1 | <input type="text"/> |
| Team Member 2 | <input type="text"/> |
| Team Member 3 | <input type="text"/> |
| Team Member 4 | <input type="text"/> |
| Team Member 5 | <input type="text"/> |
| Team Member 6 | <input type="text"/> |
| Team Member 7 | <input type="text"/> |
| Team Member 8 | <input type="text"/> |
| Team Member 9 | <input type="text"/> |
| Team Member 10 | <input type="text"/> |
| Team Member 11 | <input type="text"/> |
| Team Member 12 | <input type="text"/> |

* 16. At what day and time does/will your consultation team meet?

- Monday Tuesday Wednesday Thursday Friday
- My team doesn't meet regularly.

Time:

Please complete the application online.

* 17. How long ago did you form your DBT team?

- Currently in process of forming the team
- 3 - 6 months ago
- 6 - 12 months ago
- 1 - 2 years ago
- The DBT team was formed more than 2 years ago

Feel free to provide more explanation if you wish.

* 18. For what organization, agency, system, service, or practice does your team work?
(Please spell out your organization's full name.)

If your team works across multiple organizations, services, or practices, please explain.

* 19. How many clients are treated per week by your:

Organization as a whole

DBT Program(s)

* 20. Please select all services your organization provides (check all that apply):

- Administrative supervision of others
- Assertive Community Treatment (ACT)
- Case management
- Clinical supervision of other clinicians
- Crisis intervention
- Drug/alcohol counseling
- Group psychoeducation
- Other (please specify)
- Group psychotherapy
- Individual psychotherapy
- Pharmacotherapy
- Skills training
- Training/education/support to family members
- Training/education/support to other professionals

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* 21. Please select all settings in which your team works (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Chemical dependency program | <input type="checkbox"/> Independent/private practice |
| <input type="checkbox"/> College/University counseling service | <input type="checkbox"/> Inpatient |
| <input type="checkbox"/> Community Mental Health Center | <input type="checkbox"/> Integrated co-occurring disorders program |
| <input type="checkbox"/> Developmental disability program | <input type="checkbox"/> Intensive day treatment/partial hospitalization |
| <input type="checkbox"/> Elementary/secondary education | <input type="checkbox"/> Outpatient clinic |
| <input type="checkbox"/> Forensic/correctional services | <input type="checkbox"/> Residential facility |
| <input type="checkbox"/> Group home | |
| <input type="checkbox"/> Other (please specify) | |

* 22. Please select all populations with whom your team works (check all that apply):

- | | | |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Geriatric | <input type="checkbox"/> Females |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> LGBT | <input type="checkbox"/> Ethnic minorities |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Males | <input type="checkbox"/> Low income populations |

Please provide any additional information you would like for us to know about the populations you serve.

* 23. If your organization currently provides DBT or components of DBT, please briefly list what components you provide?

- No components of DBT are currently provided
- Individual DBT therapy sessions
- Group DBT skills training classes
- Coaching between sessions, e.g., phone calls
- DBT consultation team
- Other (please specify)

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* 24. Please briefly describe the following: 1) Why is your team pursuing Dialectical Behavior Therapy Intensive Training at this point in time? 2) How will your participation in this training help meet your organization/agency's goals? 3) List one or two specific goals your team has for this training.



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Tuition Payment

* 25. As the Team Lead, the invoice for your team's tuition fee will be emailed directly to you. Please confirm your information below.

Name

Email Address

Applications are reviewed on a rolling basis. BTECH staff will be in touch as soon as possible with an acceptance decision.

Once we have accepted your team into our training, we will issue an invoice for payment to the email address listed above. The payment link for the invoice will be available in this email.

Please know we will not guarantee a seat for your team until we have received the full tuition payment.

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