



**THE NATIONAL FEDERATION FOR BIBLIO/POETRY THERAPY**

**2014 CREDENTIAL RENEWAL FORM**

Please Type or Print legibly:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Email\*\*: \_\_\_\_\_

\*Please Note: The contact information you provide will be used by IFBPT to update the online directory of credential holders and to inform you of policy changes that may affect your credential. You are responsible for keeping your information current. Please email change of address information to: [admin@ifbpt.org](mailto:admin@ifbpt.org)

Or mail to: IFBPT Administrator, 1625 Mid Valley Dr. #1, Suite 126, Steamboat Springs, CO 80487

\*\*Please provide an email address that you check regularly. IFBPT will use this address to send news updates about IFBPT.

Your CREDENTIAL TYPE: (click on box & then change to "checked")  CAPF  CPT  PTR

BIENNIAL RENEWAL FEE ENCLOSED?  CAPF/CPT (\$100)  PTR (\$120)  M/S (\$100)

You may pay fees online (<http://www.ifbpt.org/purchases.html>) or by check, payable to IFBPT

**CONTINUING EDUCATION HOURS:**

You must complete 10 documented hours per year/ 20 documented hours per renewal cycle. (15/30 hours for M/S renewal). Excess CE credits may not be rolled over to the next renewal cycle. No more than half of the required CE hours for each renewal cycle may be earned by self-study annotations of didactic texts acceptable for PT or APF. DO NOT send documentation with your renewal. If you are selected for audit you will be required to send documentation for your CE credit. You must complete a minimum 3-credit IFBPT APPROVED ETHICS COURSE every 4 years.

Date of your most recently completed 3-credit NFB/PT BOARD-APPROVED ETHICS COURSE \_\_\_\_\_

Provider: \_\_\_\_\_ Title of Course: \_\_\_\_\_

Have you included your completed/signed Continuing Education Documentation Summary Form?  Yes

Please complete the Adverse Action and Code of Ethics Statement on the reverse of the next page.

**ADVERSE ACTION AND CODE OF ETHICS STATEMENT**

The following information will be kept confidential by the credentials committee of the International Federation for Biblio/Poetry Therapy. An adverse action does not automatically disqualify one from certification or registration. However, the committee must evaluate the relevance of any such information. Please indicate whether you have had any of the following listed adverse actions, or comparable ones. If so, please provide an explanation on a separate piece of paper. Such information will be kept confidential and will not be stored with your application.

- No     Yes    Denial, revocation suspension of, or probation against, a professional credential
- No     Yes    Surrender of a professional credential to avoid revocation, suspension of, or probation against, a professional credential
- No     Yes    Ejection or suspension from a hospital, health care facility, mental health facility, school or professional society
- No     Yes    Conviction for a felony
- No     Yes    Currently or within the past two years suffer(ed) from any physical or mental illness, disability, or substance abuse that would impair your professional skills as a poetry therapist.

*If YES to any, please attach a separate page with explanation.*

I attest to the truth of the above statements.

X \_\_\_\_\_  
Signature    Date

I attest to having read and I agree to abide by the IFB/PT Code of Ethics (<http://ifbpt.org/codeofethics.html>), the Code of Ethics of my primary profession, and all laws and regulations applicable to the practice of my primary profession in any jurisdiction where I offer professional services.

X \_\_\_\_\_  
Signature    Date

(For CPTs and PTRs only) I attest to having a valid and current license issued by the state where I practice.

X \_\_\_\_\_  
Signature    Date    License #

Send completed credential renewal form, Endorsed Adverse Action/Code of Ethics statement, CE Summary Form plus (for CPT/PTR) proof of current license for state where you practice with check for appropriate maintenance fee (or proof of online payment) to:

IFBPT Administrator  
1625 Mid Valley Dr. #1  
Suite 126  
Steamboat Springs, CO 80487

A late fee of \$25 will be assessed on renewal applications received on or after August 1, 2014. You will receive notification of your renewal status by Aug 31, 2014. Incomplete renewals will not be accepted. All fees are non-refundable. Credentials not renewed by October 1, 2014 will be considered delinquent.