



# International Federation for Biblio/Poetry Therapy Credential Renewal Application

**\* Items are required.**

***You can print this out first and fill it out by hand. (Please print clearly.)***

If you have questions, please contact [admin@ifbpt.org](mailto:admin@ifbpt.org).

**Name \***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Address \***

Street Address

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City \_\_\_\_\_ State / Province / Region \_\_\_\_\_

Zip / Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**Email \***

\_\_\_\_\_

**All Credential Holders (Ethics)**

A three-credit ethics course is required every four years. Please provide documentation below:

**Date \***

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Provider \***

\_\_\_\_\_

**Title of Course \***

\_\_\_\_\_



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## For CMs Only (Supervision)

A three-credit class in supervision is required every four years. Please provide documentation below:

### Date

Month \_\_\_\_\_ . Day \_\_\_\_\_ . Year \_\_\_\_\_

### Provider \*

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### Title of Course \*

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## 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 you answered yes to any of the questions, please provide information for each in the explanation field following the questions. Such information will be kept confidential and will not be stored with your application.

### 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 \*

No      Yes

### Adverse Action Explanation (please explain any "Yes" entries above)

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## Signature and Validation

Submitting your information through this website constitutes your electronic signature. Any record containing an electronic signature shall be deemed for all purposes to have been 'signed' and will constitute an 'original' when printed from electronic records established and maintained by International Federation for Biblio/Poetry Therapy (IFBPT) or its agents in the normal course of business.

Your signed name serves as your legal binding signature. Signing your name and dates in the fields below signifies that you agree.

**I attest to the truth of the above statements \***

**Signature** \_\_\_\_\_

**Date**

Month \_\_\_\_\_ . Day \_\_\_\_\_ . Year \_\_\_\_\_

**I attest to having read and I agree to abide by the IFBPT Code of Ethics, 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.**

**Signature** \_\_\_\_\_

**Date**

Month \_\_\_\_\_ . Day \_\_\_\_\_ . Year \_\_\_\_\_

**For CPTs and PTRs only**

**I attest to having a valid and current license issued by the state where I practice.**

**Signature** \_\_\_\_\_

**Date**

Month \_\_\_\_\_ . Day \_\_\_\_\_ . Year \_\_\_\_\_

**License #** \_\_\_\_\_ **State of Issue** \_\_\_\_\_

You're almost done! Please be sure all required fields (\*) above are completed. Then mail this form along with your check to:

**IFBPT  
PO Box 591  
Norwalk, CT 06856**