

Instructions for Completing the Application

Criteria for acceptance onto the course

Application for Certificate Programmes

The Online Therapy Institute's Certificate Programmes are restricted to experienced and qualified mental health practitioners. Following your choice of payment (full fee or in 3 installments over 3 months) you will be directed to the application.

PLEASE NOTE: If your course tuition is being paid by a 3rd party other than yourself, please contact us directly by emailing info@onlinetherapyinstitute.com with information about who will be paying for your tuition. The subject line should read: **Certificate Programme 3rd Party Payment**. Your application cannot be processed until payment arrangements have been made.

The cost for the course is \$1500/£920. This includes a \$150/£92 non-refundable application fee.

[Currency Converter](#)

To be accepted onto the course, you must:

- Provide proof of an advanced level post-graduate qualification (UK Diploma, Master's Degree, Doctorate) by upload, scan, or postal service.
- Be under the supervision of a qualified mental health professional OR able to work independently.
- Be a member of a recognised professional body with an ethics code (BACP, APA, ACA, etc) or equivalent.
- Provide proof of professional indemnity coverage by upload scan or postal service.
- Be a member of the Online Therapy Institute Social Network.
- Provide one reference from a colleague or Supervisor.

Step-by-step instructions

Personal Information

Please provide your first and last names, *and bear in mind that these are the names that will be given on your Certificate Seal should you successfully complete the programme.*

Please provide your full address, including your Zip *(or postal code)*.

Please provide your preferred email address twice, *bearing in mind that this email address will be the one you use to access the course if accepted. You will be alerted if there are discrepancies between the two entries.*

Please provide telephone numbers *without using spaces.*

Choose Course

Please choose the certificate course name you are applying for.

Summary of Qualifications and Work History

Please provide a brief summary of your *mental health* qualifications and *relevant* work history. It would be useful if you could indicate the country your *highest* qualification applies to (see examples).

EXAMPLE 1:

Certificate in Counselling Skills, Diploma in Counselling, Masters (MSc) Integrative Therapy (University of Greenwich UK). I have worked in independent private practice, as an NHS counsellor (voluntary), and for a charity for adult survivors of childhood sexual abuse and their families. I am currently in private practice (part-time) and as part of a counselling/therapy team for an EAP in London (part-time). I also took two OTI short modules (ethics and email).

EXAMPLE 2:

Master Degree (M.Ed.) in Rehabilitation Counseling (Univ of GA). I have worked as a Licensed Professional Counselor in GA and NJ and I am a Licensed Mental Health Counselor in NY. I am currently in private practice. I have obtained the Distance Credentialed Counselor (DCC) certification and I have numerous continuing education credits in online counselling.

Resume/CV upload

You can upload a file from your hard drive, or scan a copy and upload it. Please contact info@onlinetherapyinstitute.com with any problems with this process (for example to arrange alternative arrangements)

Provide proof of advanced level/post-graduate qualification

You can upload a file from your hard drive, or scan your highest level qualification (Diploma, Master's Degree, Doctorate). You may also elect to send a copy via mail (tick the option):

USA/CANADA

Online Therapy Institute, PO Box 392, Highlands NJ 07732, USA

UK AND EUROPE

Online Therapy Institute, 9 Lion Well Wynd, Linlithgow, EH49 7EL

REST OF WORLD

In case of neither the above addresses being convenient, please email

info@onlinetherapyinstitute.com

Name of your clinical supervisor

If you are not yet able to work independently and you require supervision (for instance, you are working toward a professional license in the U.S.) please list the name of your clinical supervisor.

Professional Organisation Member Information

Please provide the organisation(s) you are a member of, your membership number if applicable, and indicate (*) the organisation that has the code of ethics you adhere to. If you are not a member of a professional organisation, please state what code of ethics you follow (see examples):

EXAMPLE 1:

BACP* (5309387), UKCP, ISMHO

I follow BACP code of ethics (past member) and OTI Ethical Framework for Use of Technology

EXAMPLE 2:

In the U.S. if you are not a member of a professional organization, list the state's code of ethics or certification code of ethics you follow such as Commission on Rehabilitation Certification *or* National Board of Certified Counselors

I am a Certified Rehabilitation Counselor so I follow the CRCC Code of Ethics* *and/or* I am a Distance Credentialed Counselor so I follow the NBCC Code of Ethics.

Professional Indemnity

You can upload a file from your hard drive, or scan your Professional Indemnity certificate. You may also elect to send a copy via mail (tick the option):

USA/CANADA

Online Therapy Institute, PO Box 392, Highlands NJ 07732, USA

UK AND EUROPE

Online Therapy Institute, 9 Lion Well Wynd, Linlithgow, EH49 7EL

REST OF WORLD

In case of neither the above addresses being convenient, please email

info@onlinetherapyinstitute.com

If you do not currently have professional Indemnity, please explain why.

Interest in pursuing the Certificate

Please tell us in around 500 words why you are pursuing the Certificate.

Reference Provider

We will follow up, via email, the person you supply to vouch for your suitability to undertake this Certificate Course. Applications will NOT be approved without this information. Please supply the name, address and email address of one person familiar with your work as a mental health practitioner.

Special Needs

The Online Therapy Institute specifically welcomes and supports trainees with differing needs. If you have any needs that you think we should know about, please provide us with details on the form. We will endeavour to meet any needs you have and take them into account while on the Certificate course, and will discuss this further with you to ensure they are met.

Responsibility for training fees

Please confirm you will be paying your own fees or provide details (organisation/institution name, contact name, contact email address, contact telephone number) of the body responsible for your fees. By supplying this information you grant us permission to issue an invoice for payment.

Discount codes

Discounts are available to:

- Applicants who have already successfully completed OTI short modules online (this is subject to our checking our training systems and finance records).
- Applicants who have already successfully completed ReadyMinds DCC training
- Organisations who wish to book and pay in advance for groups of staff to undertake the training (sliding scale depending on number of trainees).

Preferred start date

Please bear in mind it will take up to 10 days to process your application, and more if we are waiting for posted documents or a response from the person supplying you with a reference. Please click on the field to choose a date on the calendar.

Submitting the form

Upon clicking the “supply information” button, you will receive a brief acknowledgement of its successful submission. You will then be referred to the Online Therapy Institute’s homepage.

Good luck with your application and we look forward to having you join us for your training ☺

The OTI Team