

**Clinician Participant Attestation of Understanding
Behavior Therapy Training Institute (BTTI)**
International OCD Foundation

NAME OF BTTI PARTICIPANT (print): _____

- 1) I am currently licensed or certified in the state(s) of _____ to practice psychotherapy.
- 2) My license/certification allows me to practice psychotherapy independently (i.e., without supervision).
- 3) My license/certification is in good standing.
- 4) I have included a copy of my current license with this memorandum of understanding.
- 5) My professional work includes direct provision of psychotherapy and I plan on using the knowledge and skills I obtain in the BTTI to provide evidence-based psychotherapy for OCD.
- 6) I understand that participation in the BTTI includes the assessment, case formulation, and treatment of an individual with OCD.
- 7) I have identified a patient with OCD I can use as my training case or I believe I will be able to obtain a training case before the BTTI training begins. I also understand that it is not acceptable to use a family member or friend for my training case.
- 8) I understand that the role of the BTTI faculty includes teaching and consultation, but does not include supervision. I am legally responsible for the quality of care I provide for my training case.
- 9) I understand that on completion of this program, only psychologists, social workers, and mental health counselors will receive professionally recognized continuing education credits. I acknowledge that such credits are not offered for nurses, physicians, physician assistants or any other profession.
- 10) I understand that if accepted, you understand that this registration fee is **non-refundable**. There will be no exceptions for medical, travel, or professional emergencies.

I HAVE READ THE STATEMENTS OUTLINED ABOVE. I ATTEST THAT ALL OF THE STATEMENTS ARE TRUE.

Signature of BTTI Participant

Date