

**Clinician Participant Attestation of Understanding**  
**ADVANCED FORUM**  
*International OCD Foundation*

NAME OF 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 Advanced Forum to provide evidence-based psychotherapy for OCD.
- 6) I understand that the role of the Advanced Forum faculty can include teaching and consultation, but does not include supervision. I am legally responsible for the quality of care I provide.
- 7) 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.
- 8) 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 Advanced Forum Participant

\_\_\_\_\_  
Date