



ACISTE CERTIFICATION FOR MENTAL HEALTH PROFESSIONALS (ACMHP)

APPLICATION, POLICIES, PROCEDURES & REQUIREMENTS *Ver. 8.29.14/Updated 8.16.20*

Please read carefully before applying:

Rationale for Certification:

ACISTE asserts that the mental health and psychological needs of many of those who have had spiritually transformative experiences (STErS) are unique and distinct from other populations. Currently, there is no mainstream or required training for mental health professionals for this population, resulting in potentially ineffective or harmful treatment. ACISTE Certification for Mental Health Professionals (ACMHPs) is both a means to provide this training as well as an assurance to STErS that his or her mental health and psychological needs will be addressed appropriately, competently and effectively.

Purpose of ACISTE Certification Program for Mental Health Professionals:

To provide the highest possible standards of care, based on best known practices and research, to spiritually transformative experiencers (STErS) dealing with issues that require professional therapy or mental health services.

Values:

An ACISTE Certified Mental Health Professional is committed to a high standard of ethical care. Compassion, competency, and a personal respect for the diversity of spiritual perspectives are qualities ACISTE Certified Mental Health Professionals express.

Prerequisites:

Must be a currently licensed mental health professional in the United States or Canada.

Qualified Mental Health Professionals Include:

Psychologists
Psychological Assistants
Psychiatrists
Psychotherapists
Clinical Social Workers
Marriage and Family Therapists
Licensed Professional Counselors
Addiction Counselors

Benefits to ACISTE Certified MHPs:

- Promote your specialty through the online support directory on the ACISTE website.
- Receive recognition for your competency in serving within this specialized field.
- Belong to a unique and supportive team of peers in this area of specialization.
- Experience professional and personal growth through working with this population.

PROCEDURES & REQUIREMENTS:

1. COMPLETE & SUBMIT APPLICATION

Candidates wishing to become ACISTE Certified Mental Health Professionals (ACMHP) must complete the attached application. Please return it by signing, scanning, and emailing it with supporting documentation to info@aciste.org. You may also print out, sign, and mail the application to ACISTE / 3213 79th St. Lubbock, TX 79423, OR bring the application with documentation to the annual conference.

2. APPLICATION FEE

An application fee of \$250 is required prior to attending the Sunday certification workshop portion of the conference. This fee is NOT a guarantee of certification, nor is it refundable. The fee is paid by registering for the ACISTE Conference AND the Mental Health Certification workshop:

<https://www.eventbrite.com/e/aciste-conference-therapeutic-issues-of-spiritual-experiences-tickets-116546647159>

3. ATTEND FULL CONFERENCE & SUNDAY CERTIFICATION WORKSHOP

Any person may attend the conference, but candidates who wish to become an ACISTE Certified Mental Health Professionals MUST register for and attend the full conference (including the STE 101 Theory pre-conference) and the certification workshop. More information about the conference and the link to register can be found here:

<https://www.eventbrite.com/e/aciste-conference-therapeutic-issues-of-spiritual-experiences-tickets-116546647159>

4. INTERVIEW & EVALUATION

An ACISTE committee representative will conduct a phone interview and evaluation within the six-month probationary period, following completion of the conference and certification requirements.

5. CERTIFICATION

Upon satisfactory completion of the above, candidates become ACISTE Certified Mental Health Professionals (ACMHP). They receive a digital certificate and digital badge with ACISTE logo to display on their own websites.

6. REFERRAL DIRECTORY

Certificants will be included in our online referral directory. Each certificant receives a full page which includes a profile describing one's practice/approach/specialties/background, photo and contact information.

7. SUFFIX/TITLE

Certificants may use the initials ACMHP (ACISTE Certified Mental Health Professional) following their names to indicate their status.

8. PROBATION PERIOD

Upon certification, the candidate begins a six-month temporary or probationary period. A designation of "Satisfactory" at the end of this probationary period means that either ACISTE has received no complaints that violate the values and standards ACISTE represents, or that any complaints received were able to be resolved to the satisfaction of ACISTE.

9. ANNUAL RENEWAL

Mental health professionals can maintain their certifications for an annual fee of \$75 due on March 1 of each year. Along with this renewal fee, certificants must complete a minimum of one workshop or course offered by ACISTE or a related continuing educational organization, OR participate in three peer

supervision meetings per year (via monthly video conference). The purpose of these supervision meetings is to share cases, receive support, and provide or request feedback.

10. CAUSES FOR DE-CERTIFICATION

- Loss of licensure to practice as a mental health professional.
- Failure to meet above requirements.
- A complaint is filed with ACISTE by a client and after consultation with the ACMHP, the grievance was not able to be satisfactorily resolved.

APPLICATION: ACISTE CERTIFICATION FOR MENTAL HEALTH PROFESSIONALS (ACMHP)

Please be sure you have read and agreed to our Policies, Procedures, and Requirements before completing. The \$250 processing fee is NOT refundable.

Please complete and sign the application below and bring supporting documentation to the conference, or send as attachments to info@aciste.org. Applications sent by mail to the address below must be received no later than **October 15th, 2020**.

PLEASE PRINT CLEARLY

1. Full Name: _____

2. Mailing Address: _____

3. Email Address: _____ (Use "Ø" to distinguish from the letter O, capitalize L and I to distinguish from 1.)

4. Telephone Numbers: Work (_____) _____ - _____ ex _____

Home (_____) _____ - _____ Cell :(_____)

5. Licenses:

I hold the following current mental health licenses.

| License to practice: (Psychotherapy, Psychiatry, Social Work, Counselor, etc.) | US State | License # | Expiration |
|--|----------|-----------|------------|
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Please attach evidence of the above. Applications without documentation will not be processed.

6. Higher Education:

| Degree | University or Institution | Year Received |
|--------|---------------------------|---------------|
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Please attach evidence of the above. Applications without documentation will not be processed.

7. Related Experience:

Please describe any personal, professional or educational experience that you feel supports your application to become an ACISTE certified mental health professional. If more space is needed, please attach a separate sheet.

8. Publications:

List here or attach a list of titles of any relevant publications.

9. Resume/CV. Please attach and list your current employer.

10. Do you have a physical or mental condition or addiction to any substance that could impair competent professional performance or jeopardize public health and safety?

YES _____ NO _____ **Attach an explanation for "YES" responses.**

11. Have you been subject to an investigation or disciplinary action by a health-care organization, professional association, governmental entity or regulatory or licensing agency/authority, and/or have you ever been convicted, found, or entered a plea of guilty, or are you presently being investigated or charged with any felony or misdemeanor directly relating to your or public health and safety?

YES _____ NO _____ **Attach an explanation for "YES" responses.**

12. ACISTE provides an online directory which includes CERTIFICANT NAME, CITY, STATE & CURRENT LICENSES held. In addition, the directory includes a link to a full page profile, describing your professional background and approach along with a current photo. (Profiles are required, but may be submitted at the time of inclusion in the directory and revised at any time.)

Check here if you DO NOT want to be included in our online directory.

By signing, you acknowledge and affirm: (1) that you have carefully read and understand the ACISTE policies, procedures and requirements (2) that you agree to abide by these terms; (3) you recognize that your processing fee of \$250 (payable through conference registration) is not refundable and that participation in coursework and practicum/workshop does NOT guarantee certification; (4) that you agree to a background check and (5) that the information you have provided in this application and in the attached documentation is true and correct to the best of your knowledge.

PRINTED NAME:

SIGNATURE:

DATE:

PRINT/SIGN/MAIL THIS APPLICATION with supporting documentation to:

ACISTE
3213 79th Street
Lubbock, TX 79423

Or scan and email to info@aciste.org
OR bring to the conference!