

FORM 4

VERIFICATION OF CONSULTATION HOURS

Name of Applicant_____

Name of Primary Consultant_____

Email or phone for Primary Consultant_____

Please indicate the dates and hours showing a minimum of 50 hours of group consultation obtained in the presentation of cases in group consultation with up to six participants, facilitated by an ISST clinical or teaching member:

Please provide the dates showing a minimum of 25 hours of individual consultation – only the hours in which the applicant presents a case may be counted towards fulfilling this requirement and they must be with a teaching member **after** he/she has become a teaching member.

Name of teaching member_____

Date he/she became a teaching member_____

Dates and number of hours of individual consultation:

Primary Consultant's Signature

Date

See Chapter Four and Appendix Page A15/1-1 for more information.