

International Professional Credentialization Catalog

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LEARNING SPARKS EDUCATIONAL SERVICES

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THE LSES TRAINING PROGRAMS

The LSES Educational Institutes offer two main types of training programs listed below.

- ✦ The Professional Credentialization Programs are for those interested in equipping themselves with applicable tools to work. These progressive level-based programs are the SWaPS2+T program for reading specialists and allied professionals in the field of language and literacy education, and the PEDiaT program for special needs professionals and allied professionals.
- ✦ The Continuing Education and Professional Development (CEPD) series of workshops whose sole aim is to upgrade and update professionals in related fields of specialization with the recent research studies and developments. These workshops can be counted towards continuing education units (e.g., 6 training workshop hours = 0.6 CEUs). CEUs gained from these workshops can be counted toward **The International Association of Counselors and Therapists' continuing education requirements (30 CEUs per year)**.

The details of the programs can be downloaded from the website: www.lsesnet.com.

In addition, the LSES offers **TRAINING PROGRAMS ACCREDITED BY THE INTERNATIONAL ASSOCIATION OF COUNSELORS AND THERAPISTS (IACT and website: <http://www.iact.org>)**:

1. Special Educational Needs Therapy
2. Dialogic-Diagnostic Art Therapy
3. Reading Therapy

Upon successful completion of the program(s) in the chosen field of specialization and based on written assignments, written tests, case studies/files, and practicum at the participants' respective places of work, participants will receive:

- Respective professional certificate awarded by the IACT
- IACT Membership certificate (for a year)
- IACT Membership card
- IACT newsletters and electronic up-dates

Participants who have successfully completed one of the three programs accredited by the IACT can call themselves counselors or therapist. However, if they wish to gain a formal recognition, they can proceed to apply to become a registered counselor/therapist and later to move up the professional credentialization program as follows:

- ⇒ **LEVEL 1: REGISTERED COUNSELOR/THERAPIST**
- ⇒ **LEVEL 2: FULL PROFESSIONAL COUNSELOR/THERAPIST**
- ⇒ **LEVEL 3: BOARD CERTIFIED COUNSELOR/THERAPIST**

For each level, the IACT will issue a certificate of credentialization which has to be renewed annually together with the IACT membership subscription.

APPLICATION AND CRITERIA DETAILS

LEVEL 1: A registered counselor/therapist is the first step to becoming a qualified professional in the chosen field of specialization.

⇒ BECOMING A REGISTERED COUNSELOR/THERAPIST WITH THE IACT

- A non-refundable one-time chargeable credentialization fee for registered counselor/therapist of SGD 1,050.00 is required and payable to the LSES upon submission of application.
- Completion of one of the three programs offered under the LSES Institutes and accredited by the IACT.
- Applicants should submit an application form (code no. IACT/01/10) for Registered Counselor/Therapist in the chosen field of specialization to the LSES for verification. Download form enclosed herewith.

LEVEL 2: A full professional counselor/therapist is the second step to becoming an experienced and qualified professional in the chosen field of specialization.

⇒ BECOMING A FULL PROFESSIONAL COUNSELOR/THERAPIST WITH THE IACT

- A combination of non-refundable examination fee and credentialization fee for full professional counselor/therapist of SGD 1,750.00 is required and payable to the LSES upon submission of application.
- Completion of one of the three programs offered under the LSES Institutes and accredited by the IACT.

- ☑ Fulfill between 220 hours of direct service hours in the chosen field of specialization (between 10 and 20 different cases). These records (IACT Form A) are to be submitted to support the application for Full Professional. Download form enclosed herewith.
 - ☑ Fulfill between 100 hours of professional development courses, workshops, etc. These records (IACT Form B) are to be submitted to support the application for Full Professional. Download form enclosed herewith.
 - ☑ The total number of hours clocked in for both direct services and professional development should be 320 hours.
 - ☑ Should remain as a member of the IACT in good standing.
 - ☑ Applicants should submit an application form (code no. IACT/02/10) for Full Professional Counselor/Therapist in the chosen field of specialization to the LSES for verification. Download form enclosed herewith.
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LEVEL 3: A board certified counselor/therapist serves as a leader and mentor in the chosen field of specialization.

➔ BECOMING A BOARD CERTIFIED COUNSELOR/THERAPIST WITH THE IACT

- ☑ A combination of non-refundable examination fee and credentialization fee for board certified counselor/therapist of SGD 1,750.00 is required and payable to the LSES upon submission of application.
- ☑ Should be a Full Professional with the IACT.
- ☑ Should remain as a member of the IACT in good standing.
- ☑ Should hold a post-graduate qualification in the field of specialization (subjected to approval).
- ☑ Fulfill 1000 hours of direct service hours in the chosen field of specialization with submission of records (IACT Form A) on practicum hours and places where the practicum has been done. Download form enclosed herewith.
- ☑ Submission of one detailed case study in TWO FORMATS: one hard-bound and one soft-bound (see **Instructions for Case Study**).
- ☑ Applicants should submit an application form (code no. IACT/03/10) for Board Certified Counselor/Therapist in the chosen field of specialization to the LSES for verification. Download form enclosed herewith.

INSTRUCTIONS FOR CASE STUDY

Your choice of a case may be one that is on-going, or one that has been completed; it may be one whose outcome was either successful or unsuccessful with respect to the goals set. Your presentation should describe:

1. the way in which you synthesize academic, interactional, psychological and behavioral aspects of the problem; and
2. the counselor's/therapist's role as remediator, consultant, advocate and case manager

It is best to present a case which typifies your approach as a counselor/therapist in the chosen field of specialization.

The case should have been in treatment no less than one year.

The case study should be approximately 12 to 24 typewritten, double-spaced pages. Please number the pages and allow one-inch margins. One soft-bound copy and one hard-bound copy for submission with the following wordings printed on the front cover:

International Association of Counselors and Therapists

Board Certification Program

Field of Specialization: _____

Candidate's Number: _____

Year of Submission: _____

All identifying information **MUST** be eliminated. Names of clients, schools and other professionals must be changed to initials. Failure to do so will prevent the IACT Board Certification Review Committee from reviewing your application.

Print your name on the application form only, not on any page of the case study. To insure impartiality, reviewers will not be appraised of your identity. Only your candidate's number will be known throughout.

The case study **MUST** be written according to the attached outline to ensure the most objective evaluation possible. Case studies which deviate from this outline may be returned for re-writing. The outline has been kept simple and broad so that there is room for variations of style, philosophy and therapeutic design.

An objective point system based on coverage of the areas specified in the outline will be used to score your case study. An oral review may be requested by the Board Certification Review Committee.

CASE STUDY OUTLINE FOR BOARD CERTIFICATION

✦ PRESENTING PROBLEM (5 POINTS)

Why is this client a candidate for therapy/counseling as opposed to other types of intervention?

✦ BACKGROUND INFORMATION (15 POINTS)

Data gained from parents/other professionals/client must include:

1. Objective data: birth date, age, gender, brief physical description, date you began the case, date you ended the case.
2. Significant factors from birth, health and developmental history; behavioral characteristics; family constellation and family history, attitudes and expectations, school history; other interventions recommended or provided.
3. Summary of interviews with teachers, therapists, other specialists, etc.

✦ ASSESSMENT (20 POINTS)

1. Describe your formal and informal evaluation techniques for this case. Formal assessment data may be provided by an outside source (e.g., a psychologist, learning disability clinic, etc.), but results need to be reported separately and then synthesized into your discussion. Report all actual test scores, the date of each test and the age and grade of the client at the time each test was administered.
2. On the basis of these assessments, why was this therapy/counseling needed? Was the need for other types of intervention indicated; if so, what were these and why? State any referrals for other assessments and describe the results obtained.

✦ PSYCHOEDUCATIONAL INTERVENTIONS (45 POINTS)

1. Describe what you did to remediate this client's issue(s) of concern; addressing no more than three of the areas, describe the goals you set and the techniques, strategies and curriculum you used to implement those goals; specify how your goals and strategies relate to the assessment data. Make sure you discuss interventions you have implemented, not recommendations you simply suggest be implemented.
2. Describe one (or more) behavioral, social-emotional, or case management intervention(s) in depth to enable the reviewer to understand your approach as a practicing therapist/counselor. Intervention(s) for the purpose of resolving problems that are obstructing the remediation may be with the client, the family, the school or with other professionals. Indicate goals set and strategies utilized.

✦ CLOSING REMARKS (15 POINTS)

1. Discuss the present status of this case. Describe how your interventions may or may not have affected specific outcomes with the client. You may include a review of pre- and post- quantifiable data.
2. Summarize the way you, as a therapist/counselor integrated the various aspects of this case.

- THE END -



For Official Use

Candidate's Number: _____

APPLICATION FOR REGISTERED COUNSELOR/THERAPIST

Field of Specialization: _____

1. Personal Particulars of Applicant

Name (Mr/Mrs/Miss/Mdm/Dr): _____ Sex: F / M
(To be appeared on the certificate)

Nationality: _____ Date of Birth: _____ NRIC/Passport No: _____

Company: _____ Designation: _____

Contact No: _____ (Office) _____ (Handphone)

Fax No: _____ Email Address: _____

Mailing Address: _____ Postal Code: _____

2. Please tick and enclosed the following items along with the completed application form:

- A non-refundable one-time chargeable credentialization fee for registered counselor/therapist of SGD 1,050.00. Payment should be crossed and made payable to:
Learning Sparks Educational Services.
- A brief resume outline past training, degrees, credentials held, and related work experience.
- Copies of official transcripts, including degree and other relevant qualifications and coursework.

3. Please mail application form and the required items to:

LEARNING SPARKS EDUCATIONAL SERVICES
P.O. BOX 120
CHOA CHU KANG CENTRAL POST OFFICE
SINGAPORE 916834



For Official Use

Candidate's Number: _____

APPLICATION FOR FULL PROFESSIONAL COUNSELOR/THERAPIST

Field of Specialization: _____

1. Personal Particulars of Applicant

Name (Mr/Mrs/Miss/Mdm/Dr): _____ Sex: F / M
 (To be appeared on the certificate)

Nationality: _____ Date of Birth: _____ NRIC/Passport No: _____

Company: _____ Designation: _____

Contact No: _____ (Office) _____ (Handphone)

Fax No: _____ Email Address: _____

Mailing Address: _____ Postal Code: _____

2. Please tick and enclosed the following items along with the completed application form:

A combination of one-time non-refundable examination fee and credentialization fee for full professional counselor/therapist of SGD 1,750.00. Payment should be crossed and made payable to:
Learning Sparks Educational Services.

A brief resume outline past training, degrees, credentials held, and related work experience.

Copies of official transcripts, including degree and other relevant qualifications and coursework.

Submission of IACT Form A.

Submission of IACT Form B.

3. Please mail application form and the required items to:

LEARNING SPARKS EDUCATIONAL SERVICES
 P.O. BOX 120 CHOA CHU KANG CENTRAL POST OFFICE
 SINGAPORE 916834

Email: admin@lsesnet.com | Website: www.lsesnet.com



For Official Use

Candidate's Number: _____

APPLICATION FOR FULL BOARD CERTIFIED COUNSELOR/THERAPIST

Field of Specialization: _____

1. Personal Particulars of Applicant

Name (Mr/Mrs/Miss/Mdm/Dr): _____ Sex: F / M
 (To be appeared on the certificate)

Nationality: _____ Date of Birth: _____ NRIC/Passport No: _____

Company: _____ Designation: _____

Contact No: _____ (Office) _____ (Handphone)

Fax No: _____ Email Address: _____

Mailing Address: _____ Postal Code: _____

2. Please tick and enclosed the following items along with the completed application form:

A combination of one-time non-refundable examination fee and credentialization fee for board certified Counselor/therapist of SGD 1,750.00. Payment should be crossed and made payable to:
Learning Sparks Educational Services.

A brief resume outline past training, degrees, credentials held, and related work experience.

Copies of official transcripts, including a post-graduate qualification in the field of specialization (subjected to approval) and other relevant qualifications.

Submission of one detailed case study in two formats: one hard-bound and one soft-bound.

Submission of IACT Form A.

3. Please mail application form and the required items to:

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 SINGAPORE 916834

Email: admin@lsesnet.com | Website: www.lsesnet.com



INTERNATIONAL ASSOCIATION OF COUNSELORS & THERAPISTS

IACT/Form A

Counselor's/Therapist's name:		IACT No:		
Program completed:		Year of Completion:		
Specialization strand (s):				
① _____				
② _____				
INTERNSHIP PRACTICUM <i>(please tick where applicable):</i> <input type="checkbox"/> For full professional: minimum 220 hours <input type="checkbox"/> For board certified: minimum 1000 hours				
Dates	Time-in & Time-out	Hours	Activities & Place of Direct Services	Comments



INTERNATIONAL ASSOCIATION OF COUNSELORS & THERAPISTS

IACT/Form B

Counselor's/Therapist's name:		IACT No:	
Program completed:		Year of Completion:	
Specialization strand (s):			
① _____			
② _____			
PROFESSIONAL DEVELOPMENT			
<i>Courses/Workshops/Conferences/etc. (include copies of supporting documents): 100 hours</i>			
Dates	Hours	Courses/Workshops/Conferences/etc.	Comments