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SLOVENIA

Appendix 3

EIRT-3 form

EIRT FACULTY REACCREDITATION Period 20 - 20 **Name Faculty status** What, where & when? **Continual Professional** No. hours **Development** Additional CT/RT training (seminars, workshops, lectures) Attending special trainings for EIRT Faculty Personal practice/experience in teaching EIRT training programmes Supervision, peer supervision Participating in RT conferences / RT faculty professional meetings Participating in activities of National RT association, EIRT, EART, National psychotherapy association, EAP (bodies, actives, working groups, and similar) **Total**