

Application for EMDRIA Certification in EMDR

~ Please read the Certification Criteria Sheet & FAQ's before completing the Application ~

PLEASE NOTE: THE ADDRESS YOU LIST WILL BE AVAILABLE TO THE PUBLIC THROUGH THE EMDRIA WEBSITE "FIND AN EMDR THERAPIST" LINK - IF YOU DO NOT WISH TO HAVE YOUR INFORMATION PUBLISHED, PLEASE CHECK HERE.

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____ Country _____

Tel _____ Fax _____ Email _____

ADDITIONAL Address _____

City _____ State _____ Zip _____ Country _____

Tel _____

Highest Degree Obtained (MA, MSW, Ph.D., M.D., etc.) _____

Institution where received _____ Date _____

1) EMDRIA APPROVED BASIC TRAINING

Attach copy of your certificate of completion for an EMDRIA approved Basic EMDR Training program

2) LICENSE/CERTIFICATION

Attach copy of your License or Certification to practice independently.

Mental Health Profession _____ ID# _____

State or Country Issued _____

3) Do you have at least two years experience in your field of license/certification/registration? YES NO

Attach notarized documentation supporting this statement.

4) Have you conducted at least 50 EMDR sessions with no less than 25 clients? YES NO

Attach notarized documentation supporting this statement.

5) Have you received 20 hours of consultation by an Approved Consultant in EMDR? YES NO

Attach documentation from the Approved Consultant(s) you received your consultation from, verifying the number of hours you have received from him/her and how many of those hours were individual consultation and how many were group consultation.

NOTE: At least 10 of these hours must be obtained through individual, face-to-face, EMDR-focused consultation. The remaining 10 hours may be obtained through small group consultation. *Only consultation hours received AFTER completion of an EMDRIA Approved Basic Training program can be applied towards this requirement.

6) Attach letter or letters of recommendation from one or more Approved Consultant(s) in EMDR, regarding your utilization of EMDR while in the consulting group.

7) Attach two (2) letters of recommendation regarding your professional utilization of EMDR in practice, ethics in practice, and professional character.

8) Attach certificates of completion of 12 hours of EMDRIA Credits (continuing education in EMDR).

EMDRIA
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Austin, Texas 78731
Tel: (512) 451-5200
Fax: (512) 451-5256
Email: info@emdria.org
Website: www.emdria.org

Fees for Certification: *As a Member of EMDRIA - \$150 USD As a non Member - \$250 USD

Visa MasterCard Discover Check # _____ (payable to EMDRIA)

Card # _____

Exp. Date _____ Name on card _____

Signature _____

***PLEASE NOTE: In order to receive Member rate for Certification, you must maintain current EMDRIA membership status during the 2 year Certification period.**

By checking this box, I give my permission, upon the expiration of my current membership, for EMDRIA to charge the credit card listed above in the amount of \$149 for my 2008 membership. _____ (initial here) If you do not authorize payment by credit card, you must renew your membership in a timely manner or you will be billed the difference between the member and non member rate.