

## Application for EMDRIA Approved Consultant

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

MAILING ADDRESS (not publicized) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

DIRECTORY (1<sup>st</sup>) ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

DIRECTORY (2<sup>nd</sup>) ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone (1<sup>st</sup> Directory) \_\_\_\_\_ Phone (2<sup>nd</sup> Directory) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**Highest Degree Obtained** (MA, MSW, Ph.D., M.D., etc.) \_\_\_\_\_  
Institution where received \_\_\_\_\_ Date \_\_\_\_\_

1) **EMDRIA Approved Training Certificate** Date of Completion: \_\_\_\_\_  
 Attach copy of your certificate of completion for an EMDRIA approved EMDR Training program

2) **License** Mental Health Profession: \_\_\_\_\_ State/Country \_\_\_\_\_ ID# \_\_\_\_\_  
 Attach copy of your License or Certification to practice independently **AND**  a copy of your current curriculum vitae

3) **Do you have at least three years experience after completing an EMDRIA Approved training program?**  
 YES  NO

4) **Have you conducted at least 300 EMDR sessions with at least 75 clients?**  
 YES  NO  Attach notarized documentation supporting this statement

5) **Have you received 20 hours of consultation-of-consultation in the utilization of EMDR in clinical practice by an Approved Consultant in EMDR?**  YES  NO  
 Attach documentation from the Approved Consultant(s) you received your consultation-of-consultation from, verifying the number of hours you have received from him/her, how many of those hours were individual consultation and how many were group consultation. These consultation-of-consultation groups in EMDR should be no larger than 4 consultants-in-training at any one time. **PLEASE NOTE: You cannot begin to accrue consultation-of-consultation hours until you are a Certified Therapist.**

6)  Attach letters of recommendation from one or more Approved Consultant(s) in EMDR, regarding the quality of your consultation in EMDR to others.

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

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

9) I have read and agree to adhere to [EMDRIA's Professional Code of Conduct](#) which I understand will apply to me regardless of my EMDRIA Membership status: \_\_\_\_\_ (Please initial)

**APPROVED CONSULTANT PAYMENT**  Current EMDRIA Member (\$250)  Non-Member (\$450)

VISA  MASTERCARD  DISCOVER  CHECK # \_\_\_\_\_ (payable to EMDRIA)

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_