

# Application for EMDRIA Approved Consultant

~ Please read the Approved Consultant 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 \_\_\_\_\_ 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 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 **AND**  a copy of your current curriculum vitae.

Mental Health Profession \_\_\_\_\_ ID# \_\_\_\_\_

State or Country Issued \_\_\_\_\_

## 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 and 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 letter or 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)

### EMDRIA

5806 Mesa Drive, Suite 360

Austin, Texas 78731

Tel: (512) 451-5200

Fax: (512) 451-5256

Email: [info@emdria.org](mailto:info@emdria.org)

Website: [www.emdria.org](http://www.emdria.org)

Fees for AC status: \*As a Member of EMDRIA - \$250 USD As a non Member - \$450 USD

Visa  MasterCard  Discover  Check # \_\_\_\_\_ (payable to EMDRIA)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

3 digit CCV code: \_\_\_\_\_ Name on card \_\_\_\_\_

Signature \_\_\_\_\_