

Applications must meet the EMDR Training Curriculum requirements set forth by EMDRIA. **EMDR Training Provider Applications are reviewed by the Standards & Training Committee. Please be prepared to allow approximately 120 days for the review process once it has been determined the application is complete.**

PART 1 – ORGANIZATION & ADMINISTRATION OF EMDR TRAININGS

PROVIDER INFORMATION

The Provider is the individual (or group of individuals) completing this application and, if approved, assumes responsibility for all aspects of the EMDR training. The Provider contact information will be listed on the EMDRIA website.

Provider Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____ **Website:** _____

ORGANIZATION & ADMINISTRATION

By initialing below, you acknowledge that you have reviewed the statements and agree to comply with the policies, procedures and expectations.

Record Keeping

The Provider is responsible for maintaining the required participant records for a minimum of five years for each EMDR Training that is conducted. EMDRIA may conduct audits on the administration of EMDRIA Approved EMDR Trainings (participant records & evaluations), training content and actual delivery of training curriculum in order to assure compliance. Acceptable participant records include participant name, professional degree, license number, mailing address, phone number, email address, date of completion of EMDR training program, and completed trainer, practicum and consultation evaluation forms. **Training rosters and evaluations must be sent to EMDRIA within 120 days of the completion of the training program.**

_____ I agree to maintain the required EMDR training records for 5 years for each training offered and submit the required training follow up materials to EMDRIA.

General Monitoring

Providers are expected to obtain feedback from participants on the quality of instruction, knowledge and expertise of instructors, usefulness of the training, and fulfillment of educational objectives. This feedback should be used to make adjustments and improvements to the overall training. Providers who develop and present their own EMDR training should have some means of independent peer assessment.

_____ I agree to monitor and evaluate training faculty (instructors, practicum supervisors and consultants) and use this feedback to make adjustments and improvements to the training.

Grievance Process

Providers are expected to have a process in place to review and respond to complaints should they arise. Ethics complaints should be referred to the appropriate state licensing board for further investigation.

_____ I agree to have a plan in place to review & respond to participant grievances.

Full Disclosure of EMDR Training Costs

Providers must disclose the full cost for the entire EMDR training to prospective participants up front and prior to registration. If consultation hours are not included in the registration fees, providers should provide an estimated range for the out of pocket cost for completing the 10 consultation hours. ***This information must be included in promotional training advertisements.***

_____ I agree to provide full disclosure of the EMDR training costs (or estimated range) to all prospective training participants.

Cancellation & Refund Policies

Providers must make their cancellation and refund policies available and accessible to prospective participants. These policies should be clear and transparent up front, prior to registration. ***This information must be included in promotional training advertisements.***

_____ I agree to have cancellation & refund policies and make it easily accesible to all prospective training participants.

2 Year Time Frame for Completion of an EMDRIA Approved EMDR Training

Beginning January 1, 2017 participants who begin the EMDR training must complete the entire training within 24 months from their initial start date unless there are extraordinary circumstances. This information should be clear and transparent up front, prior to registration. ***This information must be included in promotional training advertisements.***

_____ I agree to inform all prospective participants about the required 2 year time frame for EMDR training completion.

Consultation Hours

Providers must inform prospective participants that 10 hours of consultation are required in order to complete the EMDR training. Providers are required to disclose whether the consultation hours are included in the registration fees or if training participants pay separately for these consultation hours. Providers must also disclose whether prospective participants will have to schedule consultation hours on their own time (outside of the training) or if the consultation hours are integrated into the pre-scheduled training format. ***This information must be included in promotional training advertisements.*** Participants should be supplied with names and contact information of those who can provide the consultation hours for the EMDR training.

_____ I agree to inform prospective participants about the consultation requirement, disclose whether the consultation hours are included in the registration fees and inform participants if they will be required to schedule consultation hours on their own time, outside the EMDR training, before allowing them to register. I also agree to make the consultant contact information easily accessible to training participants.

Participant Eligibility Requirements

Providers are responsible for ensuring that participants have a master's degree (or doctorate) in a mental health related field (Social Work, Counseling, Psychology, Psychiatry, Psychiatric Nursing, etc.) and are licensed to practice as mental health professionals by their state boards. If participants have a graduate degree in the mental health field but are not yet licensed to practice, they must be working towards state licensure and under a licensed supervisor. If participants are currently enrolled in a graduate program, they must have completed their core coursework and be working under a licensed supervisor in an internship/practicum setting. First year graduate students are not eligible.

_____ I agree to verify that participants meet the eligibility requirements for EMDR training.

Equal Opportunity

Providers are expected to create a supportive environment regardless of an individual's sexual orientation, gender identity, race, ethnicity, culture or religion, and not engage in discriminatory behavior or bias. Providers should address issues of cultural diversity during the EMDR training as appropriate.

_____ I agree to create a supportive environment regardless of an individual's sexual orientation, gender identity, race, ethnicity, culture or religion, and not engage in discriminatory behavior or bias.

Equal Access

The Americans with Disabilities Act (ADA) prohibits discrimination and ensures equal opportunity for persons with disabilities. Providers are responsible for ensuring that facilities and reasonable accomodations are accessible to those with disabilities. ***Promotional training advertisements must include contact information and explain how a person with a disability can request reasonable accommodations.***

_____ I agree to comply with ADA requirements and provide reasonable accomodations to those with disabilities.

PART 2 – EMDR TRAINING FACULTY

Evaluation & Monitoring of Training Faculty

EMDRIA requires that training participants complete and submit an evaluation form for each training faculty member (training instructor, practicum supervisor & consultant) that participants work with over the course of their training.

1. Please attach the evaluation form that participants will use when evaluating the training instructor.
2. Please attach the evaluation form that participants will use when evaluating the practicum supervisor with whom they work.
3. Please attach the evaluation form that participants will use when evaluating the consultant with whom they work.

Training Instructor(s)

EMDRIA requires that EMDR Training Instructors maintain active status as an EMDRIA Approved Consultant.

1. Please attach a list of your Training Instructors or provide their names in the space below.
2. Please submit a curriculum vita for each instructor.

Training Instructor(s):

Practicum Supervisor(s)

EMDRIA requires that faculty members who assist during the practicum portion of the EMDR Training maintain active status as an EMDRIA Approved Consultant, or (at minimum) status as a Consultant in Training who is actively working with an EMDRIA Approved Consultant. **The ratio of Practicum Supervisor to Trainee should not exceed 1:10 to allow for direct behavioral observation of each trainee.**

1. Please attach a list of your Practicum Supervisors or provide their names in the space below. **Note:** If the faculty member is a Consultant in Training, please submit their curriculum vita and include the name(s) of the Approved Consultant(s) they are working with towards their consultation-of-consultation hours.

Practicum Supervisor(s):

Consultants

EMDRIA requires that faculty members assisting during the consultation portion of the EMDR Training maintain active status as an EMDRIA Approved Consultant, or (at minimum) status as a Consultant in Training who is actively working with an EMDRIA Approved Consultant. **The ratio of Consultant to Trainee should not exceed 1:10 (smaller consultant to trainee ratios are encouraged).**

1. Please attach a list of your Consultants or provide their names in the space below. **Note:** If the faculty member is a Consultant in Training, please submit their curriculum vita and include the name(s) of the Approved Consultant(s) they are working with towards their consultation-of-consultation hours.

Consultant(s):

PART 3 – EMDR TRAINING CURRICULUM MATERIALS

A. TRAINING CURRICULUM DEVELOPER(S)

Please list the name and contact information for the individual(s) who developed the EMDR Training curriculum materials that are being submitted. Use additional paper if necessary. ***If you did not create the training materials, initial here _____ and be sure to include a letter from the original curriculum developer stating that you have permission to use their training materials.***

Name: _____ Degree: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Degree: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

B. TRAINING MATERIALS REQUIRED FOR SUBMISSION

Please be sure to submit this completed application form along with the following training materials electronically (email preferred) as a Word document, although PDF documents will be accepted as well:

___ **Training syllabus or course summary** with line numbers along the side of the document for the review process.

___ **Timeline of training content in 1 or 2 hour long segments including breaks and lunches. (The timeline can be incorporated into the training syllabus/course summary mentioned above).** The timeline should include line numbers along the side of the document for the review process.

___ **Training manuals and any additional materials (handouts, slides, etc.)** that will be provided to trainees with line numbers along the side of the document for the review process.

___ **Curriculum Vita** for Training Instructor(s). A curriculum vita is also required for each faculty member.

___ **Training Evaluation Forms** for Training Instructor, Practicum Supervisor, and Consultant.

___ **Consultation Forms** that trainees and Consultants will use in order to track consultation hours. Additional information about how the consultation hours will be conducted and documented is strongly encouraged. This will help EMDRIA understand how the training provider relays this required information to trainees and how the consultation hours are tracked.

___ **Promotional Advertisements & Registration Materials** for the EMDR training. The disclosure of training costs, cancellation & refund policies, 2 year time frame for completion of the EMDR training, disclosure & details about the required 10 hours of consultation, and contact information for those with a disability so they can request reasonable accommodations are required.

PART 4 – TERMS & CONDITIONS

I verify that the above information is true and I am not misleading or providing false information to the EMDR International Association. I understand that I may be asked to provide additional documentation.

If I misrepresent my credentials or refuse to provide documentation at a later time if asked, I understand that my status as an EMDRIA Approved EMDR Training Provider will be revoked. I agree to hold harmless and indemnify the EMDR International Association and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, damage, judgment or expense which result from any false or misleading statements in this application.

I verify that I have not been disciplined for any ethical violation, nor am I under investigation by any legal authority or licensing board. I understand that the EMDR International Association is a professional membership association and does not supervise, warrant, or guarantee the work of individual members.

I understand and agree that, as Provider, I will ONLY provide the EMDR training to those who meet EMDRIA's training eligibility requirements. I also understand that the granting of this status is contingent upon, and remains in effect only if, the Provider remains in good standing with all regulatory entities which license, register, or certify the Provider as a prerequisite to practicing in his or her primary profession. If EMDRIA standards and training requirements are not adhered to, I understand my status as an EMDRIA Approved EMDR Training Provider may be revoked.

Signature

Date

Printed Name

PART 5 – APPLICATION FEE

\$500 Application Fee

Checks and Money Orders should be made payable to EMDRIA. Visa, Master Card and Discover credit card payments are also accepted.

Credit Card Number: _____ CVV code: _____

Expiration Date: _____ Name as it appears on card: _____

Signature: _____

NOTE: Completion of this form does not constitute EMDRIA Approval. If granted, EMDRIA Approval to Provide EMDR Training will become effective for a 5 year period on the date set forth in your formal letter of approval.

PROPERTY OF EMDRIA