

Please view the Approved Consultant Criteria & FAQs online before completing the application.

Please allow 3-5 weeks for processing.
Do not submit incomplete applications.

Application for EMDRIA Approved Consultant

LAST NAME _____ FIRST NAME _____ MI _____

MAILING ADDRESS (not publicized) _____

City _____ State _____ Zip _____ Country _____

Phone _____ Email _____

DIRECTORY (1st) ADDRESS _____

City _____ State _____ Zip _____ Country _____

DIRECTORY (2nd) ADDRESS _____

City _____ State _____ Zip _____ Country _____

Phone (1st Directory) _____ Phone (2nd Directory) _____

Email _____ Website _____

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

1) **EMDRIA APPROVED TRAINING** Date of Completion: _____
 Attach copy of your certificate of completion for an EMDRIA approved 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 _____ State/Country _____ ID# _____

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)

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: Current EMDRIA Member - \$250 USD Non-Member - \$450 USD
 Visa MasterCard Discover Check # _____ (payable to EMDRIA)
 Card # _____ **CCV Code:** _____
 Exp. Date _____ Name on card _____
 Signature _____