

Please read the Certification Criteria Sheet & FAQs before completing the application.

Application for EMDRIA Certification in EMDR

LAST NAME _____	FIRST NAME _____	MI _____
MAILING ADDRESS (staff use only) _____		
City _____	State _____	Zip _____ Country _____
Phone _____	Email _____	
DIRECTORY (1 st) ADDRESS _____		
City _____	State _____	Zip _____ Country _____
DIRECTORY (2 nd) ADDRESS _____		
City _____	State _____	Zip _____ Country _____
Phone (1 st Directory) _____	Phone (2 nd Directory) _____	
Email _____	Website _____	

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

Institution where received _____ Date _____

1) **EMDRIA APPROVED BASIC TRAINING** Date of Completion: _____
 Attach copy of your certificate of completion for an EMDRIA approved Basic EMDR Training program

2) **LICENSE/CERTIFICATION** Mental Health Profession: _____ State/Country: _____
 Attach copy of your License or Certification to practice independently. ID# _____

3) **Attach notarized documentation supporting the following statements:**
 Do you have at least two years' experience in your field of license/certification/registration? YES NO
 Have you conducted at least 50 EMDR sessions with at least 25 clients? YES NO

4) **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, EMDR-focused consultation. The remaining 10 hours may be obtained through small group consultation. A Consultant-in-Training can provide no more than 15 hours of consultation; the remainder must come from an Approved Consultant. ***Only consultation hours received AFTER completion of an EMDRIA Approved Basic Training program can be applied towards this requirement.**

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

6) **Attach two (2) letters of recommendation from peers in the field regarding your professional utilization of EMDR in practice (if possible), ethics in practice, and professional character.**

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

8) 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@emdr.org
Website: www.emdr.org

(Cert App EMDRIA Revised 2014)

Fees for Certification: <input type="checkbox"/> Current EMDRIA Member - \$150 USD <input type="checkbox"/> Non-Member - \$350 USD
<input type="checkbox"/> New EMDRIA Member - \$150 USD (Complete a separate EMDRIA membership form and submit it with this application. Be sure to include payment for both certification and membership.)
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Check # _____ (payable to EMDRIA)
Card # _____ 3 digit CCV code _____
Exp. Date _____ Name on card _____