

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 <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 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](mailto:info@emdr.org)  
Website: [www.emdr.org](http://www.emdr.org)

(Cert App EMDRIA Revised 2014)

<b>Fees for Certification:</b> <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 _____