

Application for EMDRIA Certification in EMDR

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 _____

- EMDRIA Approved Training Certificate** Date of Completion: _____
Attach copy of your certificate of completion for an EMDRIA approved EMDR Training program
- License** Mental Health Profession: _____ State/Country: _____
Attach copy of current license to practice independently in state or province. ID# _____
- 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
- Have you received 20 hours of consultation by an EMDRIA 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 Training program can be applied towards this requirement.**
- Attach letter(s) of recommendation from one or more Approved Consultant(s) regarding your utilization of EMDR.**
- 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.**
- Attach certificate(s) showing 12 hours EMDRIA Credits (continuing education in EMDR).**
- 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)**

CERTIFICATION PAYMENT:

Current EMDRIA Member (\$150) JOIN US AS A MEMBER ONLINE AT www.emdria.org to take advantage of this discount! **Non-Member* (\$350)**
*NonMembers do not appear in online Find a Therapist directory

VISA MASTERCARD DISCOVER CHECK # _____ (payable to EMDRIA)

Card # _____ Exp. Date _____ CVV _____

Name on Card _____ Signature _____