



CREATING GLOBAL HEALING, HEALTH & HOPE

Reinstatement Form for EMDRIA Certification

LAST NAME _____ FIRST NAME _____ MI _____

MAILING ADDRESS (not publicized) _____

City _____ State _____ Zip _____ Country _____

Tel _____ Email _____

DIRECTORY ADDRESS (publicized) _____

City _____ State _____ Zip _____ Country _____

Tel _____ Email _____

Website _____

EMDRIA CERTIFICATION REINSTATEMENT REQUIREMENTS

1) VERIFICATION OF ACTIVE LICENSE STATUS

Attach a copy of current license to practice independently in state or province.

Mental Health Profession _____ ID# _____ State or Country Issued _____

2) VERIFICATION OF COMPLETION OF 12 EMDRIA CREDITS INEMDR

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

****Must attach 12 EMDRIA Credits in EMDR that have taken place within the last two years from reinstatement submission date. EMDRIA Credits for this submission cannot have been used for prior submissions.****

3) EMDRIA'S PROFESSIONAL CODE OF CONDUCT

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)

4) REINSTATEMENT PAYMENT: Current EMDRIA Member (\$175)* NonMember (\$375) (Rates above include \$75 Late Fee)

Visa MasterCard Discover Check # _____ (payable to EMDRIA)

Card # _____ Exp Date _____

3 digit CVV code _____ Name on card _____

Signature _____

***PLEASE NOTE:** In order to receive the Member rate, you must maintain current EMDRIA membership status during the 2 year Certification approval period. You must renew your membership in a timely manner or you will be billed the difference between the member and non member rate.