



iaedp™ Approved Supervisor Application

www.iaedp.com

Tel. (800) 800-8126 x 87 / Fax (800) 800-8126

Email: certification@iaedp.com

Application must be typed.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

QUALIFICATIONS (Applicants must fulfill **all** of the following requirements to be eligible).

I believe that I am qualified for the designation of supervisor by virtue of the following:

- Current Certification as:
 - CEDS CEDRD CEDRN CEDCAT
- I am a professional with a minimum of 5 years of experience in the field of eating disorders as a licensed, certified, registered or equivalent qualifications.
- I have had no fewer than 6,000 hours of diagnosis and treatment work experience in the field of eating disorders.
- I am a current member of the International Association of Eating Disorders Professionals (iaedp™)
- (After August 1, 2020- I have passed the “Leading by Example” Supervisor post-test)(enclose certificate)
- I understand that iaedp recommends I carry malpractice insurance for consultation/supervision of others

NOTE: If not a current member, a membership application can be submitted at the same time as you submit this application form. For membership application, see www.iaedp.com

Experience. Verify your 6,000 hours of experience in the field of feeding and eating disorders per the DSM-5 (anorexia nervosa [AN], bulimia nervosa [BN], binge-eating disorder [BED], avoidant/restrictive food intake disorder [ARFID], pica, rumination disorder, other specified feeding and eating disorders [OSFED], and/or unspecified feeding and eating disorders [UFED]).

Please include the following details: facility/setting name; level of care (e.g., residential, partial hospitalization, intensive outpatient, private practice); dates of your experience (start/end); hours; position held/job title; and a brief description of your job responsibilities as they relate to the field of eating disorders.



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Facility/setting Level of Care Dates Hours Position held Job Responsibilities



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PLEASE LIST ALL CURRENT LICENSES AND/OR CERTIFICATIONS HELD:

PLEASE EXPLAIN YOUR THEORETICAL ORIENTATION (Cognitive behavioral, Psychodynamic, Family systems, etc.):

PLEASE EXPLAIN YOUR AREA OF EXPERTISE WITHIN THE FIELD OF EATING DISORDERS:

Has there ever been any ethical, legal, or professional malpractice claims, etc. brought against you? (Must check one): Yes No

If yes, please explain (use additional pages if necessary):

DOCUMENTATION:

- Enclose a current copy of your CV/resume.
- Enclose a copy of all current licenses or registrations.

I. Letters of Recommendation (LOR)

List the names and credentials of your three LOR referees. Submit the corresponding three LORs with your application.

Guidelines

- *Enclose three (3) letters of recommendations.*
- *Each LOR must be from a licensed or credentialed practitioner who is experienced in the field of eating disorders and familiar with your work in the treatment of eating disorders. These letters must address their confidence in your ability to effectively supervise eating disorders professionals.*
- *At least one must be written by an experienced clinician within your discipline (e.g., psychologist for LPC).*
- *At least one must be written by an experienced clinician whose discipline is different from yours and is typically included in a treatment team (e.g., MD for RDN).*
- *It is recommended that at least one letter is from a certified professional- CEDS, CEDRD, CEDRN, CEDCAT*
- *All must include the referee's authentic (not typed) signature, credentials, contact information, and place of employment.*
- *All must be sent directly to you (not to iaedp™) to be included in your application submission.*
- *None are allowed to be from a current supervisee*

Referee 1:

_____ Name, Credential(s)

Referee 2:

_____ Name, Credential(s)

Referee 3:

_____ Name, Credential(s)



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SIGNATURES REQUIRED:

Signatures must be authentically signed – typed signatures are not valid

I attest that the information provided on this application is true and correct to the best of my knowledge. I will abide by the requirements of iaedp™ as related to applicant certification and generally accepted principles of supervision, professionalism, ethics, and practice standards.

SIGNATURE: _____ Date: _____

I understand that iaedp™ will conduct random, routine audits on Approved Supervisors every two years. It is my responsibility to contact iaedp™ with any changes that occur in my contact information and/or my professional status.

SIGNATURE: _____ Date: _____

II. Submit Completed Application and Documents
[Online](http://iaedp.com/certification) at iaedp.com/certification.

Tips for online submission

1. Have all documents ready before logging in. Process will not be saved if there is interruption.
2. Each section accepts one page- Sections with multiple pages (such as certificates) must be scanned to one document prior to uploading to the online application.
3. Documents scanned as photos are often too large. Files saved as JPG, PNG or TIF are often smaller. There is a 30mb limit for all uploads.

OR

Mail: For mailing instructions, contact certification@iaedp.com or call 800-800-8126 x84. (Additional charges may apply)

Please allow up to ninety (90) days from receipt for complete review of this application.