



CREATING GLOBAL HEALING, HEALTH & HOPE

Reinstatement Form for EMDRIA Approved Consultant

LAST NAME _____ FIRST NAME _____ MI _____

MAILING ADDRESS (not publicized) _____

City _____ State _____ Zip _____ Country _____

Tel _____ Email _____

DIRECTORY ADDRESS (if member) _____

City _____ State _____ Zip _____ Country _____

Tel _____ Email _____

Website _____

EMDRIA APPROVED CONSULTANT REINSTATEMENT REQUIREMENTS

1) VERIFICATION OF ACTIVE LICENSE STATUS

I am independently licensed as per the regulation in my state or province to practice mental health.
 Mental Health Profession: _____ If Other, please indicate here: _____
 License or 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 inEMDR).
****EMDRIA Credits must have taken place within the last two years from renewal submission date and cannot have been used for prior submissions.****

3) EMDRIA Policies

I have read and agree to adhere to [EMDRIA Policies](#) which I understand will apply to me regardless of my EMDRIA Membership status: _____ (Please initial)

4) PAYMENT With Late Fee: Current EMDRIA Member (\$275) NonMember (\$475)

Visa MasterCard Discover Check # _____ (payable to EMDRIA)

Card # _____ Exp Date _____

3 digit CVV code _____ Name on card _____

Signature _____

5) I assert that all of the information I've provided above is true and that my EMDR Approved Consultant status is subject to revocation if any of the verifications I have provided are untrue or inaccurate.