



Please view our **Certification Criteria & FAQs** online before completing the application.

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 the 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 Policies](#) 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.emdrria.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 _____