

Please allow 3-5 weeks for processing.
Do not submit incomplete applications.

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 _____

1) **EMDRIA APPROVED TRAINING** Date of Completion: _____
 Attach copy of your certificate of completion for an EMDRIA approved EMDR Training program

2) **LICENSE/CERTIFICATION** Mental Health Profession: _____ State/Country: _____
 Attach copy of current license to practice independently in state or province. ID# _____

3) **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

4) **Have you received 20 hours of consultation by an 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 Basic Training program can be applied towards this requirement.**

5) Attach letter(s) of recommendation from one or more Approved Consultant(s) in EMDR regarding your utilization of EMDR while in the consulting group.

6) 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.

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

8) 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)

EMDRIA
 5806 Mesa Drive, Suite 360
 Austin, Texas 78731
 Tel: (512) 451-5200
 Fax: (512) 451-5256
 Email: info@emdria.org
 Website: www.emdria.org

Fees for Certification: Current EMDRIA Member - \$150 USD Non-Member - \$350 USD
 Join EMDRIA as a new Member AND become Certified - \$300 USD

Visa MasterCard Discover Check # _____ (payable to EMDRIA)

Card # _____ CCV Code: _____

Exp. Date _____ Name on card _____

Signature _____