

Application for EMDRIA Approved Consultant

~ Please read the Approved Consultant Criteria Sheet & FAQ's before completing the Application ~

PLEASE NOTE: THE ADDRESS YOU LIST WILL BE AVAILABLE TO THE PUBLIC THROUGH THE EMDRIA WEBSITE "FIND AN EMDR THERAPIST" LINK – IF YOU DO NOT WISH TO HAVE YOUR INFORMATION PUBLISHED, PLEASE CHECK HERE.

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____ Country _____

Tel _____ Fax _____ Email _____

ADDITIONAL Address _____

City _____ State _____ Zip _____ Country _____

Tel _____

Highest Degree Obtained (MA, MSW, Ph.D., M.D., etc.) _____

Institution where received _____ Date _____

1) EMDRIA APPROVED TRAINING

Attach copy of your certificate of completion for an EMDRIA approved Basic EMDR Training program

2) LICENSE/CERTIFICATION

Attach copy of your License or Certification to practice independently **AND** a copy of your current curriculum vitae.

Mental Health Profession _____ ID# _____

State or Country Issued _____

3) Do you have at least three years experience after completing an EMDRIA Approved training program?

YES NO

4) Have you conducted at least 300 EMDR sessions with no less than 75 clients?

YES NO

Attach notarized documentation supporting this statement.

5) Have you received 20 hours of consultation-of-consultation in the utilization of EMDR in clinical practice by an Approved Consultant in EMDR? YES NO

Attach documentation from the Approved Consultant(s) you received your consultation-of-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: These consultation-of-consultation groups in EMDR should be no larger than 4 consultants-in-training at any one time.

****PLEASE NOTE:** You cannot begin to accrue consultation-of-consultation hours until you are a Certified Therapist**

6) Attach letter or letters of recommendation from one or more Approved Consultant(s) in EMDR, regarding the quality of your consultation in EMDR to others.

7) Attach two (2) letters of recommendation regarding your professional utilization of EMDR in clinical practice, consultation abilities, ethics in practice, and professional character.

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

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 AC status: *As a Member of EMDRIA - \$250 USD As a non Member - \$350 USD

Visa MasterCard Discover Check # _____ (payable to EMDRIA)

Card # _____

Exp. Date _____ Name on card _____

Signature _____

***PLEASE NOTE:** In order to receive Member rate for Approved Consultant, you must maintain current EMDRIA membership status during the 2 year Approved Consultant period.