



CREATING GLOBAL HEALING, HEALTH & HOPE

**EMDR International Association**  
5806 Mesa Drive, Suite 360  
Austin, Texas 78731  
Tel: (512) 451-5200  
[EC@emdria.org](mailto:EC@emdria.org)

## **EMDRIA Credit Program Application For Live Events**

The Program Application and required documentation should be emailed to [EC@emdria.org](mailto:EC@emdria.org). Providers should refer to the Program Application Overview & Instructions and Program Guidelines & Requirements for details. Please allow at least 45 days for review. **If the boxes below outlined in red are not completed, the application will be rejected.**

### **EC PROVIDER INFORMATION**

**EC Provider Name:** \_\_\_\_\_

**EC Provider #:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact Person** (for questions regarding program content): \_\_\_\_\_

**Contact's Email:** \_\_\_\_\_ **Contact's Phone:** \_\_\_\_\_

### **PROGRAM INFORMATION**

**Program Title:** \_\_\_\_\_

**Program Description (50 words or less):**

**Number of EMDRIA Credits Requested:** \_\_\_\_\_

**Program Date:** \_\_\_\_\_

**Program Site Address:**

### **DELIVERY FORMAT**

The program content must be delivered in real-time and allow participants to interact and communicate directly with the presenter(s). Real-time, interactive programs are either delivered in person or by electronic devices that support this type of communication. Please indicate how the program content will be delivered to participants:

In Person Event       Live Webinar       Other \_\_\_\_\_

## PRIMARY PRESENTER

Presenter Name: \_\_\_\_\_ Presenter Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CO-PRESENTER

Co-Presenter Name: \_\_\_\_\_  
Co-Presenter Email: \_\_\_\_\_ Co-Presenter Phone: \_\_\_\_\_

## CONTACT PERSON FOR PROGRAM REGISTRATION

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website or Registration URL: \_\_\_\_\_

## EMDRIA DEFINITION OF EMDR

- The content of this program is consistent with the [EMDRIA Definition of EMDR](#).
- This content of this program deviates from the EMDRIA Definition of EMDR. *The required documentation supporting the effectiveness of this method is included with this application.*

## RESPONSIBILITY FOR PROGRAM CONTENT

- The provider and/or primary presenter assumes full responsibility for any liability that may be incurred as a consequence of this program, including any oral or written material in the content of the presentation. In accordance with HIPAA standards, appropriate 'Release of Confidential Information' forms have been obtained for all client material that will be used or recorded as part of this program. The responsibility for protecting client confidentiality and compliance with HIPAA regulations rests with the presenter and/or provider.

## CONTENT RESTRICTION

- The program content does not present or include information promoting Sexual Orientation Change Efforts as a therapeutic method. The presenter has read this statement and agrees to uphold/comply with the [EMDRIA Policy on Sexual Orientation Change Efforts](#).

## REQUIRED DOCUMENTATION

Please submit the following documentation: (See [Program Guidelines & Requirements](#) for guidance)

- Completed Program Application with fee
- Abstract
- Learning Objectives
- Content & Timeline
- Handout Materials
- Presenter's CV
- Promotional Materials
- Documentation Supporting Deviation (if applicable)

**AUTHORIZATION AGREEMENT**

*I certify that the preceding statements and the enclosed documents are true and understand that any false statements may result in revocation of program and/or EC Provider approval status. As an EC Provider, I understand that I am responsible for maintaining the required follow-up materials for this program, adhering to EC Provider guidelines and requirements, and that this program may be subjected to an administrative audit.*

\_\_\_\_\_  
EMDRIA Credit Provider Name

\_\_\_\_\_  
Date

**APPLICATION FEE**

**Please enclose the non-refundable \$50 Program Application Fee.** Checks and Money Orders should be made payable to EMDRIA. The application fee must be submitted in order to begin the program review process.

Check/Money Order

Visa, MasterCard or Discover

Credit Card Number: \_\_\_\_\_ 3-digit CVV: \_\_\_\_\_

Expiration: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note: Completion of this application form does not constitute automatic EMDRIA Credit program approval. If granted, approval will be effective for the date(s) listed in the Program Approval email.**