



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

EMDRIA Credit
Provider Application

The EC Provider Application and Program Developer/Selector's CV should be emailed to EC@emdria.org or mailed to the address listed above. Please allow at least 14 days for the review process.

PROVIDER INFORMATION

On the first line below applicants should list how they would like their official 'Provider Name' to appear on all materials. The contact person that you list below will be used as the first point of contact for all correspondence from EMDRIA.

Provider Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Degree: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PROGRAM DEVELOPER/SELECTOR

The Program Developer/Selector is responsible for ensuring that the programs offered adhere to EMDRIA requirements. If providers do not develop their own programs, then they will be selecting instructors to present programs. Please list your Program Developer/Selector below. If this person is not an EMDRIA Certified Therapist please indicate (on the second line) the EMDRIA Certified Therapist who will review the program prior to submission to ensure it meets EMDRIA requirements and standards. Please attach the vita or resume for the Program Developer/Selector.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

By initialing below, Program Developers/Selectors acknowledge that they have reviewed the statements and agree to comply with the policies, procedures and expectations.

Program Development, Selection and Curriculum Content

Providers are expected to develop or select programs that comply with EMDRIA requirements, and are responsible for all program applications submitted to EMDRIA for credit approval. Current program guidelines and requirements can be found on the EMDRIA website. Programs are expected to demonstrate a direct benefit to the client as a consumer and should address the needs of EMDR trained clinicians by offering opportunities to improve or expand the knowledge and skills that directly relate to the professional practice of EMDR.

Program materials submitted will contribute to the clinical/research knowledge in the use of EMDR and will comply with current EMDRIA policies and requirements. Program materials will be reviewed by an EMDRIA Certified Therapist for adherence to current EMDRIA requirements and standards prior to submitting program applications to EMDRIA.

## Goals and Objectives

Program goals and objectives should relate to continuing education for EMDR trained professionals. Programs should be designed to educate the participant and not to market or sell a particular service or product.

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## Program Presenters/Instructors

Presenters are expected to be competent in conveying information and knowledgeable in teaching certain subjects. Review of presenters' prior teaching experience, evaluations, publications, and references are all means of assessing their qualifications. Presenters are expected to have sufficient expertise to provide instruction in areas that are within their training and scope of practice. It is recommended that lectures be supplemented with discussion, case review, role-playing, video examples, and/or small group exercises.

Selected Presenters will exhibit competence, expertise, and knowledge of EMDR and related specialties.

## PROGRAM ADMINISTRATOR

The Program Administrator is responsible for ensuring that the provider adheres to EMDRIA requirements as they relate to the various programs offered. The administrator actively monitors the program registration process and attendance, administers program evaluations and provides certificates for program completion as needed. Please list your Program Administrator below.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**By initialing below, Program Administrators acknowledge that they have reviewed the statements and agree to comply with the policies, procedures and expectations.**

## General Organization and Administration

I agree to comply with [EMDRIA's Code of Conduct](#) and administrative requirements, maintain sufficient resources in order to develop and implement programs, and maintain the required documentation.

## General Monitoring

Providers are expected to obtain feedback on programs regarding quality of instruction, knowledge and expertise of presenters, usefulness of program for participants, and fulfillment of educational objectives. This feedback should be used to improve program and instructional quality. Providers who develop and present their own programs should have some means of independent peer assessment. Providers may develop their own evaluation form, or they may use the evaluation form template developed by EMDRIA.

I agree to monitor and evaluate presenters and use this feedback to improve programs and instructional quality.

## Ethical Complaints

Providers should have a plan in place to investigate any variety of ethical complaints should the situation arise. Please refer to your own licensing agency or APA <http://www.apa.org/ethics/> for guidelines.

I agree to have a plan in place in order to investigate ethical complaints or situations should they arise.

## Equal Opportunity

Providers are expected to create a supportive environment regardless of an individual's sexual orientation, gender, race, culture or religion, and to not engage in discriminatory behavior or bias. Providers should address issues of cultural diversity within programs when possible.

I agree to create a supportive environment regardless of an individual's sexual orientation, gender, race, culture or religion, and to not engage in discriminatory behavior or bias.

**Equal Access**

Program facilities must accommodate and be accessible according to the Americans with Disabilities Act (ADA). This includes access to restrooms, parking spaces, overnight rooms, and meeting rooms. Promotional materials must include a statement which explains how a person with a disability can request reasonable accommodations.

I agree to comply with ADA standards and to make this information available on promotional materials.

**PERSON RESPONSIBLE FOR PROGRAM RECORDS**

Providers are required to maintain attendance records for three (3) years for each program offered. Attendance rosters, sign-in and sign-out sheets, and completed program evaluation forms are considered acceptable documentation. Please list the person responsible for your program records below.

Name: \_\_\_\_\_

Records Storage Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

By initialing below, Record Keepers acknowledge that they have reviewed the statements and agree to comply with the policies, procedures and expectations.

**Record Keeping**

EMDRIA may conduct audits of the administrative portions of programs, including record keeping, as well as audits of program content and presentation, to assure compliance.

I agree to maintain appropriate program attendance records for 3 years for each program offered.

**AUTHORIZATION**

I certify, on behalf of \_\_\_\_\_, that the preceding statements are true, and I/we understand that any false statements may result in denial or revocation of approval. I/we agree to comply with all EMDRIA requirements, maintain the highest ethical standards as stated in the various mental health practitioners' Code of Ethics and Code of Conduct, and fulfill the spirit of all standards relating to equal opportunity and equal access.

\_\_\_\_\_  
Program Developer Signature (type in name if electronically submitted)

\_\_\_\_\_  
Date

and/or

\_\_\_\_\_  
Program Administrator Signature (type in name if electronically submitted)

\_\_\_\_\_  
Date

**APPLICATION FEE**

**Please enclose the non-refundable \$200 Provider Application Fee.** Checks and Money Orders should be made payable to EMDRIA. The application fee must be submitted in order to begin the 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 approval as an EMDRIA Credit Provider. If granted, provider status will become effective on the date set forth in the Provider Approval letter.**