



CREATING GLOBAL HEALING, HEALTH & HOPE

# Reinstatement Form for EMDRIA Approved Consultant

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

MAILING ADDRESS (not publicized) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

DIRECTORY ADDRESS (if member) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

## EMDRIA APPROVED CONSULTANT REINSTATEMENT REQUIREMENTS

### 1) VERIFICATION OF ACTIVE LICENSE STATUS

I am independently licensed as per the regulation in my state or province to practice mental health.  
 Mental Health Profession: \_\_\_\_\_ If Other, please indicate here: \_\_\_\_\_  
 License or ID#: \_\_\_\_\_ State or Country Issued: \_\_\_\_\_

### 2) VERIFICATION OF COMPLETION OF 12 EMDRIA CREDITS INEMDR

Attach certificates of completion of 12 hours of EMDRIA Credits (continuing education inEMDR).  
**\*\*EMDRIA Credits must have taken place within the last two years from renewal submission date and cannot have been used for prior submissions.\*\***

### 3) EMDRIA Policies

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)

### 4) PAYMENT With Late Fee: Current EMDRIA Member (\$275) NonMember (\$475)

Visa  MasterCard  Discover  Check # \_\_\_\_\_ (payable to EMDRIA)

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

3 digit CVV code \_\_\_\_\_ Name on card \_\_\_\_\_

Signature \_\_\_\_\_

5) I assert that all of the information I've provided above is true and that my EMDR Approved Consultant status is subject to revocation if any of the verifications I have provided are untrue or inaccurate.