



CREATING GLOBAL HEALING, HEALTH & HOPE

EMDR International Association  
[EC@emdria.org](mailto:EC@emdria.org)

## EC Distance Learning Program Application for Self-Paced Content

Distance Learning Programs are self-paced, non-interactive courses that include an assessment component that demonstrates participants completed the program. The program content must be pre-recorded (audiovisual recording, on-demand or text based learning) for the intended audience.

The Distance Learning (DL) Program Application and required documentation should be emailed to [EC@emdria.org](mailto:EC@emdria.org)  
Please allow at least 45 days for the review process.

### EC PROVIDER INFORMATION

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

Provider #: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person (for questions concerning program content): \_\_\_\_\_

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

### DL PROGRAM INFORMATION

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

Program Description: \_\_\_\_\_

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

### PRIMARY DL INSTRUCTOR

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

### CO-INSTRUCTOR (If applicable)

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

## EMDRIA DEFINITION OF EMDR

- The content of this DL program is consistent with the EMDRIA Definition of EMDR.
- This content of this DL program deviates from the EMDRIA Definition of EMDR. The required documentation supporting the effectiveness of this method is included with this application.

## AGREEMENT

- The provider and/or primary instructor assumes full responsibility for any liability that may be incurred as a consequence of this DL program, including any recorded 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 DL program. The responsibility for protecting client confidentiality and compliance with HIPAA regulations rests with the instructor and/or provider.

## REQUIRED DOCUMENTATION

Please submit the following documentation:

- Completed DL Program Application with fee
- Abstract/Program Description
- Learning Objectives
- Access to Course Content (e.g. access online content)
- Instructor's CV
- Post-Test & Answer Key
- Evaluation Form
- Promotional Materials
- Documentation Supporting Deviation (if applicable)

## DISTANCE LEARNING QUESTIONS

Distance Learning Programs are self-paced, non-interactive courses that include an assessment component that demonstrates participants completed the program. The program content must be pre-recorded (audiovisual recording, on-demand or text based learning) for the intended audience. Please answer each question below as thoroughly as possible.

- 1. Explain the learning format & how the content will be delivered to participants.** (e.g. *This is an online self-paced webinar that participants can start & stop on their own.*)
  
- 2. Please provide access to the course content.** (e.g. *Website address where self-paced webinar content can be viewed.*)
  
- 3. EMDRIA Credit will not be considered or awarded for time spent re-reviewing content, completing tests or evaluations. Text based learning content will not be considered for more than 12 EMDRIA Credits. Please explain the method used to calculate the number of EMDRIA Credits being requested for this course.** (e.g. *This self-paced webinar is 90 minutes long so I'm requesting 1.5 EMDRIA Credits for this course.*)
  
- 4. For distance learning programs, participants are required to complete and pass a test. Tests cannot not be entirely composed of True/False style questions. Multiple choice questions should be included. Tests should include at least 4 questions per instructional hour of content and there should be a minimum passing grade required for participants to receive EMDRIA Credit. Please submit a copy of the test & answer key.**

## AUTHORIZATION

*I certify that these statements and the enclosed documents are true, and I understand that any false statements may result in revocation of the distance learning program and/or EC Provider approval. I agree to maintain full responsibility for this distance learning program. I understand that I will be required to maintain follow-up materials (participant records & evaluation summaries) for this distance learning program. I agree to have a system in place to confirm the participation & identity of each participant. I agree to adhere to the EC Provider guidelines and requirements, and understand this distance learning program may be subjected to an administrative audit.*

\_\_\_\_\_  
EMDRIA Credit Provider Signature

\_\_\_\_\_  
Date

## APPLICATION FEE

**\$125 DL Program Application Fee (non-refundable).** Once the application is submitted, you will receive an online invoice for the DL program application fee.

**Note:** Completion of this application form does not constitute automatic EMDRIA Credit approval. If granted, approval will be effective for a one year period and the approval dates will be listed in the DL Program Approval letter.