



CREATING GLOBAL HEALING, HEALTH & HOPE

EMDR International Association
EC@emdria.org

EMDRIA Credit Program Application *For Live Events*

The Program Application and required documentation should be emailed to 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. **The Program application and required documentation must be submitted at least 30 days prior to the event being held – no exceptions.**

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

\$50 Program Application Fee (non-refundable). Once the application is submitted, you will receive an online invoice for the program application fee.

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.