



CREATING GLOBAL HEALING, HEALTH & HOPE

EMDR Consultant Reinstatement Form

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 _____		

EMDR 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 Consultant status is subject to revocation if any of the verifications I have provided are untrue or inaccurate.