

# CIT Verification, Evaluation, and Recommendation (VER) Form

*Last updated: 03/19/2026*

## Introduction

This form replaces the traditional letter and recommendation from the EMDRIA Approved Consultant™ that was used for the consultant application, to promote greater consistency, transparency, and accountability in the verification of consultation of consultation hours, evaluation, as well as recommendation of EMDRIA Approved Consultants in Training™ (CITs).

Rather than potentially subjective impressions, this form ensures that evaluations and recommendations are based on observable behaviors of a consultee's knowledge, skills, and attitudes from clearly defined criteria representative of EMDRIA Approved Consultant™ competencies.

It also facilitates more constructive feedback and developmental guidance for consultees, strengthening the quality of consultation and integrity of the credentialing process.

This form can be printed out and used as a developmental tool in the consultation process. When used as a developmental tool – it helps guide in the deliberate practice of competencies – helping to identify consultation goals, defining specific skills to strengthen, as well as to structure opportunities for feedback, reflection and additional action plans/next steps for professional development and growth.

While this PDF version of the form can be used multiple times throughout the consultation process, EMDRIA™ will **only accept the completed online version** of this CIT verification, evaluation, and recommendation (VER) form when verifying consultation hours as well as providing an evaluation and recommendation for a CIT completing the initial EMDRIA Approved Consultant™ application.

## Consultation of Consultation Requirement

For the initial EMDRIA Approved Consultant™ application, the EMDRIA Approved Consultant in Training™ (CIT) is required to complete at least twenty (20) consultation of consultation hours – at least ten (10) hours are required as individual, the remainder can be individual, group, or a combination of the two. While the CIT can work with multiple consultants, EMDRIA™ will only accept consultation of consultation hours from up to three (3) consultants.

The CIT must be recommended by the consultant who provided the majority of their consultation of consultation hours.

## Evaluation Form Requirements

Regardless of a recommendation, each consultant that the CIT obtains consultation of consultation hours from, will need to complete the form, in its entirety – which includes:

### A. Verification of Consultation of Consultation Hours

The consultant will include the total number of consultation of consultation hours (individual and/or group) and the time frame/date range these hours took place.

### B. Evaluation of the CIT Based on the EMDRIA Approved Consultant™ Standards

EMDRIA expects that the consultee receives a **'Proficient' (4) rating** for each criteria. If the consultee receives less than this rating, the consultant is expected to provide recommendations for areas of growth for the consultee in the specific criteria. If a consultant has not observed a specific knowledge, skill, and/or attitude during consultation, please choose "Not Observed" and provide recommendations as appropriate.

The following table outlines the rating level and the overall description for each rating.

Level	Overall Description (Knowledge, Skills, and Attitudes)
<b>Beginning</b>	Major foundational gaps. Minimal understanding of EMDR theory, AIP, and EMDR consultation fundamentals. Consultation sessions lack structure; feedback is vague or incorrect. Limited cultural awareness, minimal self-reflection, and requires constant guidance.
<b>Limited</b>	Emerging but inconsistent understanding. Can identify some EMDR concepts but struggle to apply them reliably. Consultation structure is inconsistent; feedback lacks depth. Cultural awareness is surface level. Requires regular direction and correction.
<b>Competent</b>	Solid, reliable application of EMDR principles. Consultation sessions are organized and goal oriented. Provides accurate, actionable feedback. Demonstrates reflective practice, cultural humility, and strong professional boundaries. Requires only occasional guidance.
<b>Proficient</b>	<b>Strong, flexible, developmentally attuned consultation practice. Integrates EMDR and AIP concepts fluidly across diverse cases. Feedback is precise and tailored. Demonstrates advanced cultural responsiveness, intentional power awareness, and thoughtful reflection. Functions largely independently.</b>
<b>Advanced</b>	Skillfully synthesize complex clinical, cultural, and systemic factors within the EMDR framework. Grounded in a deep and nuanced understanding of the AIP model. Provides consultation that is individualized, collaborative, trauma-informed, and transformative. Demonstrates profound humility, ethical leadership, culturally responsible, and highly refined reflective practice. Deeply informed and continually growing.

### C. Recommendation of the CIT

A selection of 'Yes' or 'No' is required. When providing a recommendation, consultants are expected to offer clear, constructive feedback that highlights strengths, identifies areas for continued development, and supports the consultee's commitment to clinical excellence.

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## Contact Information

### Consultee:

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

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

### Consultant:

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

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

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## 1. Verification of Consultation of Consultation Hours

**Individual** consultation of consultation hours provided to applicant:

- Total number of individual hours: \_\_\_\_\_
- Date when individual hours began: \_\_\_\_\_
- Date when individual hours ended: \_\_\_\_\_

**Group** consultation of consultation hours provided to applicant:

- Total number of group hours: \_\_\_\_\_
- Date when group hours began: \_\_\_\_\_
- Date when group hours ended: \_\_\_\_\_

**Total number** of consultation of consultation hours provided to application

(Individual + Group hours): \_\_\_\_\_

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## 2. Evaluation Form

Please provide an evaluation of the consultee’s competencies by completing the required information below related to the consultee’s knowledge, skills, and attitudes that demonstrate the EMDRIA Approved Consultant™ Standards. [A hyperlinked document with details for each competency are provided by clicking on this link.](#)

**It is expected that the consultee receives a ‘Proficient’ (4) rating for each criteria.** If the consultee receives less than this rating, the consultant is expected to provide recommendations for areas of growth for the consultee in the specific criteria. If the CIT has not demonstrated a skill or practice described, the consultant has reason to require that it be adequately completed/demonstrated in a mutually agreed upon manner prior to the recommending of the CIT for the EMDRIA Approved Consultant™ credential.

If a consultant has not observed a specific knowledge, skill, and/or attitude, they should choose “Not Observed” and provide recommendations as appropriate.

<a href="#">Competencies</a>	Beginning (1)	Limited (2)	Competent (3)	<b>Proficient (4)</b>	Advanced (5)	Not Observed
Therapeutic/ Consultation Alliance						
Cultural Humility and Ethics/IDEA						
General Therapeutic Knowledge						
Foundational EMDR Therapy Knowledge						
Adapting EMDR Therapy Knowledge						
General Therapeutic Skills						
EMDR Therapy Skills						
Consultation Skills						
Teaching Skills						
Attitudes						

### 3. Recommendation

When providing a recommendation, consultants are expected to offer clear, constructive feedback that highlights strengths, identifies areas for continued development, and supports the consultee's commitment to clinical excellence.

**I recommend this consultee to be an EMDRIA Approved Consultant™.**

- Yes
- No

Additional comments from consultant (if necessary – evaluation of specified goals, etc.) indicating:

- Strengths – specific knowledge, skills, and/or attitudes and progress observed.
- Areas for Growth – concrete, manageable improvement areas with suggested resources, deliberate practice strategies, etc.

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If you are **not** recommending your consultee at this time, please provide an explanation (e.g., did not meet with consultee long enough to provide adequate evaluation/recommendation; knowledge, skills, and/or attitudes did not meet proficiency of EMDRIA's Approved Consultant™ Standards, specifically.... - see evaluation and comments provided; etc.)

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## 4. Required Consultant Signature

Your (consultant) signature on the online form indicates that you have read, understood, and truthfully provided all information contained herein and are confirming:

- That the number of consultation of consultation hours for this CIT is correct
- That you have completed the evaluation criteria from the EMDRIA Approved Consultant™ Standards
- That you have OR have not recommended this CIT to be an EMDRIA Approved Consultant™

**Consultant Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

*Please note that while you can complete this PDF version of this form, along with the signature, as it can be kept for your and your CIT's records, EMDRIA will **only accept the completed online version** of this CIT verification, evaluation, and recommendation form when verifying consultation hours as well as providing an evaluation and recommendation for a CIT completing the initial EMDRIA Approved Consultant™ application.*