

Application for EMDRIA Approved Consultant

LAST NAME _____ FIRST NAME _____ MI _____

MAILING ADDRESS (not publicized) _____

City _____ State _____ Zip _____ Country _____

Phone _____ Email _____

DIRECTORY (1st) ADDRESS _____

City _____ State _____ Zip _____ Country _____

DIRECTORY (2nd) ADDRESS _____

City _____ State _____ Zip _____ Country _____

Phone (1st Directory) _____ Phone (2nd Directory) _____

Email _____ Website _____

Highest Degree Obtained (MA, MSW, Ph.D., M.D., etc.) _____

Institution where received _____ Date _____

1) EMDRIA Approved Basic Training Certificate Date of Completion: _____

2) License Mental Health Profession: _____ State/Country _____ ID# _____

Attach copy of your License or Certification to practice independently

3) Do you have at least three years of experience after completing an EMDRIA Approved training program?

Yes No

4) Have you conducted at least 300 EMDR sessions with at least 75 clients?

Yes – If yes, attach notarized documentation supporting this statement No

5) Have you received 20 hours of consultation-of-consultation in the utilization of EMDR in clinical practice by an Approved Consultant? Yes No

Attach documentation from the Approved Consultant(s) you received your consultation-of-consultation from, verifying the number of hours you have received from him/her, how many of those hours were individual consultation and how many were group consultation. These consultation-of-consultation groups in EMDR should be no larger than 4 consultants-in-training at any one time. **PLEASE NOTE: You cannot begin to accrue consultation-of-consultation hours until you are a Certified Therapist.**

6) Attach letters of recommendation from the Approved Consultant(s) that you worked with as a Consultant-in-Training, regarding the quality of your consultation in EMDR to others.

7) Attach two letters of recommendation from peers regarding your professional utilization of EMDR in clinical practice, consultation abilities, ethics in practice and professional character.

8) Attach certificates of completion of at least 12 hours of EMDRIA Credits (continuing education in EMDR).

9) 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)

APPROVED CONSULTANT PAYMENT

Current EMDRIA Member (\$250)

Non-Member (\$450)

Visa Mastercard Discover

Check # _____ (payable to EMDRIA)

Card # _____ Exp Date _____ CVV _____

Name on Card _____ Signature _____