

## Application for EMDRIA Approved Consultant

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

MAILING ADDRESS (not publicized) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

DIRECTORY (1<sup>st</sup>) ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

DIRECTORY (2<sup>nd</sup>) ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone (1<sup>st</sup> Directory) \_\_\_\_\_ Phone (2<sup>nd</sup> 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 \_\_\_\_\_