



EMDR Assn of Australia
21 Scott Street
South Fremantle WA 6162
Email: accred@emdra.org

EMDRAA ACCREDITED EMDR TRAINING PROVIDER APPLICATION (NEW & RENEWAL)

Applications must meet the EMDRAA Training Curriculum requirements set forth by EMDRAA. ***EMDR Training Provider Applications are reviewed by the Accreditation & Standards Committee. Please be prepared to allow approximately 120 days for the review process once it has been determined the application is complete.***

PART 1 – ORGANIZATION & ADMINISTRATION OF EMDR TRAINING

Initial One. THIS APPLICATION IS FOR INITIAL ACCREDITATION [] or RENEWAL OF ACCREDITATION. [].

PROVIDER INFORMATION

The Provider is the individual (or group of individuals) completing this application and, if approved, assumes responsibility for all aspects of the EMDR training. The Provider contact information will be listed on the EMDRAA website.

Provider Name: _____

Organization or Business name (if applicable) _____

Mailing Address: _____

City: _____ State: _____ Pcode: _____

Phone: _____ Email: _____ Website: _____

ORGANIZATION & ADMINISTRATION

By initialing below, you acknowledge that you have reviewed the statements and agree to comply with the policies, procedures and expectations.

Record Keeping

The Provider is responsible for maintaining the required participant records for a minimum of five years for each EMDR Training that is conducted. EMDRAA may conduct audits on the administration of EMDRAA Accredited EMDR Trainings (participant records & evaluations), training content and actual delivery of training curriculum in order to assure compliance. Acceptable participant records include participant name, professional degree, mailing address, phone number, email address, date of completion of EMDR training program, and completed trainer, practicum and consultation evaluation forms. **Trainee information and evaluations must be sent to EMDRAA within 30 days of the completion of the training program.**

_____ I agree to maintain the required EMDR training records for 5 years for each training conducted, to submit the required training follow up materials to EMDRAA, and to comply with any requirements in relation to an independent audit by EMDRAA.

General Monitoring

Providers are expected to obtain feedback from participants on the quality of instruction, knowledge and expertise of instructors, usefulness of the training, and fulfillment of educational objectives. This feedback should be used to make adjustments and improvements to the overall training.

_____ I agree to monitor and evaluate training faculty (instructors, practicum supervisors and consultants) and use this feedback to make adjustments and improvements to the training.

Grievance Process

Providers are expected to have a process in place to review and respond to complaints should they arise, the details of which must be made available to participants at the beginning of their training. Ethics complaints should be referred to the appropriate licensing or registration board for further investigation.

_____ I agree to have a process in place to review & respond to participant grievances, and to provide the details of this to participants at the beginning of their training.

Full Disclosure of EMDR Training Costs

Providers must disclose the full cost for the entire EMDR training to prospective participants up front and prior to registration. If consultation hours are not included in the registration fees, providers should provide an estimated range for the out of pocket cost for completing the 10 consultation hours. ***This information must be included in promotional training advertisements.***

_____ I agree to provide full disclosure of the EMDR training costs (or estimated range) to all prospective training participants.

Cancellation & Refund Policies

Providers must make their cancellation and refund policies available and accessible to prospective participants. These policies should be clear and transparent up front, prior to registration. ***This information must be included in promotional training advertisements.***

_____ I agree to have cancellation & refund policies and make it easily accessible to all prospective training participants.

2 Year Time Frame for Completion of an EMDRAA Approved EMDR Training

Beginning 1 January 2017 participants who begin the EMDR training must complete the entire training within 24 months from their initial start date unless there are extraordinary circumstances. This information should be clear and transparent up front, prior to registration. ***This information must be included in promotional training advertisements.***

_____ I agree to inform all prospective participants about the required 2 year time frame for EMDR training completion.

Compliance with EMDRAA Policies regarding Training and Consultation

Training Providers must comply with EMDRAA policies regarding prospective participants eligibility to take the EMDRAA Accredited Training, participation in training activities, and participation in case consultation activities.

_____ I agree to comply with EMDRAA policies in regard to access to training, and participation in training and case consultation.

Consultation Hours

Providers must inform prospective participants that 10 hours of case consultation are included in the registration fees or if training participants pay separately for these consultation hours. Providers must also disclose whether prospective participants will have to schedule consultation hours in their own time (outside of the training) or if the consultation hours are integrated into the pre-scheduled training format. ***This information must be included in promotional training advertisements.*** Participants should be supplied with names and contact information of EMDRAA Accredited Consultants who can provide the consultation hours for the EMDR training.

_____ I agree to inform prospective participants about the consultation requirement, disclose whether the consultation hours are included in the registration fees and inform participants if they will be required to schedule consultation hours on their own time, outside the EMDR training, before allowing them to register. I also agree to make the current list of EMDRAA Accredited Consultants easily accessible to training participants.

Participant Eligibility Requirements

Providers are responsible for ensuring that participants have a university degree in a mental health related field (Psychology, Social Work, Counseling, Psychiatry, Psychiatric Nursing, Occupational Therapy, Family Therapy, etc.) and are licensed or registered to practice as mental health professionals in their country of residence. If participants have a university degree in the mental health field but are not yet registered to practice, they must be working towards registration and under a registered supervisor. If participants are currently enrolled in a graduate program, they must have completed their core coursework and be working under a registered supervisor in an internship/practicum setting.

_____ I agree to verify that participants meet the eligibility requirements for EMDR training.

Equal Opportunity

Providers are expected to create a supportive environment regardless of an individual's sexual orientation, gender identity, race, ethnicity, culture or religion, and not engage in discriminatory behavior or bias. Providers should address issues of cultural diversity during the EMDR training as appropriate.

_____ I agree to create a supportive environment regardless of an individual's sexual orientation, gender identity, race, ethnicity, culture or religion, and not engage in discriminatory behavior or bias.

Equal Access

Providers are responsible for ensuring that facilities and reasonable accommodations are accessible to those with disabilities. **Promotional training advertisements must include contact information and explain how a person with a disability can request reasonable accommodations.**

_____ I agree to comply with these requirements and provide reasonable accommodations to those with disabilities.

PART 2 – EMDR TRAINING FACULTY

Evaluation & Monitoring of Training Faculty

EMDRAA requires that training participants complete and submit an evaluation form for each training faculty member (training instructor, practicum facilitator & consultant) that participants work with over the course of their training.

1. Please attach the evaluation form that participants will use when evaluating the training instructor.
2. Please attach the evaluation form that participants will use when evaluating the practicum supervisor with whom they work.
3. Please attach the evaluation form that participants will use when evaluating the consultant with whom they work.

Training Instructor(s)

EMDRAA requires that EMDR Training Instructors maintain active status as an EMDRAA Accredited Consultant.

1. Please attach a list of your Training Instructors or provide their names in the space below.

Training Instructor(s):

Practicum Facilitator(s)

EMDRAA requires that faculty members who assist during the practicum portion of the EMDR Training maintain active status as an EMDRAA Accredited Consultant, or (at minimum) status as a Facilitator in Training who is actively working with an EMDRAA Accredited Consultant. **The ratio of Practicum Supervisor to Trainee should not exceed 1:10 to allow for direct behavioral observation of each trainee.**

1. Please attach a list of your Practicum Supervisors or provide their names in the space below. **Note:** If the faculty member is a Consultant in Training, please submit their curriculum vita and include the name(s) of the Accredited Consultant(s) they are working with towards their consultation-of-consultation hours.

Practicum Facilitator(s):

Consultants

EMDRAA requires that faculty members assisting during the consultation portion of the EMDR Training maintain active status as an EMDRAA Accredited Consultant, or (at minimum) status as a Facilitator in Training who is actively working with an EMDRAA Approved Consultant. **The ratio of Consultant to Trainee should not exceed 1:10 (smaller consultant to trainee ratios are encouraged).**

1. Please attach a list of your Consultants or provide their names in the space below. **Note:** If the faculty member is a Consultant in Training, please submit their curriculum vita and include the name(s) of the Accredited Consultant(s) they are working with towards their consultation-of-consultation hours.

Consultant(s):

PART 3 – EMDR TRAINING CURRICULUM MATERIALS

A. TRAINING CURRICULUM DEVELOPER(S)

Please list the name and contact information for the individual(s) who developed the EMDR Training curriculum materials that are being submitted. Use additional paper if necessary. *If you did not create the training materials, initial here _____ and be sure to include a letter from the original curriculum developer stating that you have permission to use their training materials.*

Name: _____ Degree: _____

Mailing Address: _____

City: _____ State: _____ Pcode: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Degree: _____

Mailing Address: _____

City: _____ State: _____ Pcode: _____

Phone: _____ Fax: _____ Email: _____

B. TRAINING MATERIALS REQUIRED FOR SUBMISSION

Please be sure to submit this completed application form along with the following training materials electronically (email preferred) as a Word document, although PDF documents will be accepted as well:

___ **Training syllabus or course summary** with line numbers along the side of the document for the review process.

___ **Timeline of training content in 1 or 2 hour long segments including breaks and lunches. (The timeline can be incorporated into the training syllabus/course summary mentioned above).** The timeline should include line numbers along the side of the document for the review process.

___ **Training manuals and any additional materials (handouts, slides, etc.)** that will be provided to trainees with line numbers along the side of the document for the review process.

___ **Training Evaluation Forms** for Training Instructor, Practicum Supervisor, and Consultant.

___ **Grievance Procedure and Form** for trainees.

___ **Consultation Forms** that trainees and Consultants will use in order to track consultation hours. Additional information about how the consultation hours will be conducted and documented is strongly encouraged. This will help EMDRAA understand how the training provider relays this required information to trainees and how the consultation hours are tracked.

___ **Promotional Advertisements & Registration Materials** for the EMDR training. The disclosure of training costs, cancellation & refund policies, 2 year time frame for completion of the EMDR training, disclosure & details about the required 10 hours of consultation, and contact information for those with a disability so they can request reasonable accommodations are required.

PART 4 – TERMS & CONDITIONS

I verify that the above information is true and I am not providing false or misleading information to the EMDR Association of Australia. I understand that I may be asked to provide additional documentation.

If I misrepresent my credentials or refuse to provide documentation at a later time if asked, I understand that my status as an EMDRAA Accredited EMDR Training Provider may be revoked. I agree to hold harmless and indemnify the EMDR Association of Australia and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, damage, judgment or expense which result from any false or misleading statements in this application.

I verify that I have not been disciplined for any ethical violation, nor am I under investigation by any legal authority or licensing board. I understand that the EMDR International Association is a professional membership association and does not supervise, warrant, or guarantee the work of individual members.

I understand and agree that, as Provider, I will ONLY provide the EMDR training to those who meet EMDRAA's training eligibility requirements. I also understand that the granting of this status is contingent upon, and remains in effect only if, the Provider remains in good standing with all regulatory entities which license, register, or certify the Provider as a prerequisite to practicing in his or her primary profession. If EMDRAA standards and training requirements are not adhered to, I understand my status as an EMDRAA Accredited EMDR Training Provider may be revoked.

The EMDR Association of Australia is part of the EMDR Global Alliance. As such, should the Provider wish to train outside Australia, the Provider agrees to make an earnest and forthright effort to obtain written approval of the EMDR national organization in the country where the proposed training is to occur. Approval should be obtained first and prior to the announcement of the training. If there is no national association, then the Provider should contact the Regional Association for that geographic area to receive its consent for the training. The trainer, training material, and curriculum should be approved by the national/regional EMDR association in the geographic region where the training is to be held. In addition, the trainer needs to uphold all standards for training that are established for the country or region. I understand that failure to seek the appropriate approval for an EMDR training outside Australia can result in the revocation of my status as an EMDRAA Approved EMDR Training Provider.

Signature

Date

Printed Name

PART 5 – APPLICATION FEE

Renewal / New Application Fee: \$500

Your Application Fee may be paid by [Clicking on This Link](#). Payments are securely processed on behalf of the Association by Register Now Pty Ltd. When paid you will automatically receive a receipt from Register Now. As the EMDR Assn of Australia has Tax Exempt status, there is no GST payable on this fee, and hence you may not claim back GST as a Taxable Expense. The Chair of the Accreditation and Standard Committee will receive immediate emailed advice from Register Now when your Application Fee has been paid.

NOTE: Completion of this form does not constitute EMDRAA Approval. If granted, EMDRAA Approval to Provide EMDR Training will become effective for a 5 year period on the date set forth in your formal letter of approval.

Send this completed Application by email to accred@emdraa.org