**EMDR Australia Re-Accreditation Consultant**

**Application**

**APPLICATION FORM to be returned to:**

**EMDR Association of Australia**

**Email Address accred@emdraa.org**

**Section I:** Applicant’s details

**Section II**: Re-accreditation Criteria

**Section III:** EMDR Therapy Professional Education and Development Record

**Please ensure this application is completed in printed format and not hand written**

**SECTION I: Applicant’s Details**

**Name:…………………………………………….………………………..............................................**

**Address: …………………………………………………………………..............................................**

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# Preferred Telephone Contact:……………………………………................................

**E-mail Address: …………………………………………………………………...................................**

**Core Profession: ……………………………………………………….........................................**

**Name of EMDRAA Consultant supporting this application:**

**……………………………………………………………………………….......................................**

**Please provide your EMDRAA Consultant’s e-mail address:**

**SECTION II: Re-Accreditation Criteria for EMDRAA Consultants**

1. In order to seek re-accreditation with EMDRAA, applicants must be paid up members of EMDRAA.
2. Individual practitioners are responsible for their own continuing professional development (CPD) throughout the entire five-year registration period and must provide evidence of a minimum of **50 HOURS** of continual education relating to EMDR. (Please complete EMDR Therapy Professional Education and Development Record Form)
3. Re-accreditation applicants will be subjected to peer-review by providing **two letters of recommendation from EMDRAA Consultants addressing the applicant’s standing and contribution within the field of EMDR.** **One of the Consultants must be in a position to comment upon the applicant’s ability as an EMDR clinician and their role as an EMDRAA Consultant in offering consultancy to other EMDR practitioners**
4. Applicants must provide documented evidence of ***at least three*** of the following activities to cover the previous five year registration period:
   1. Attendance and/or participation in EMDR trainings
   2. Attendance and/or participation in area related trainings
   3. Attendance and/or participation in conferences
   4. Attendance and/or participation in EMDR focussed workshops
   5. Attendance and/or participation in area related workshops
   6. Involvement in both the provision and receipt of EMDR Consultation

(Please provide details of the number of consultation sessions provided and number of attendees)

* 1. Relevant publications relating to EMDR
  2. EMDR research focused activity
  3. Contribution to raising the profile of EMDR

1. Have you made payment for **$AUD150**? Payment can be made by clinking on this link: [Clicking on this link](https://emdraa.org/product/consultant-accreditation-renew/)
2. All applications will then be considered through the EMDRAA Accreditation Committee
3. All Applicants must agree to attend a consultant’s workshop
4. If successful the period of renewal will be for a further five-year period.

**EMDR Therapy Professional Education and Development Record**

**To total a minimum of 50 hours over five years**

**Please ensure this application is completed in printed format and not hand written**

**Name:**

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| **Date:** |
|  |
| **Activity: (e.g. title of study day, webinar, conference, book, journal article etc.)** |
|  |
| **Duration in hours:** |
|  |
| **Key learning outcomes: (How you incorporated learning into clinical practice, please provide examples)** |
|  |
| **Date:** |
|  |
| **Activity: (e.g. title of study day, webinar, conference, book, journal article etc.)** |
|  |
| **Duration in hours:** |
|  |
| **Key learning outcomes: (How you incorporated learning into clinical practice, please provide examples)** |
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| --- |
| **Date:** |
|  |
| **Activity: (e.g. title of study day, webinar, conference, book, journal article etc.)** |
|  |
| **Duration in hours:** |
|  |
| **Key learning outcomes: (How you incorporated learning into clinical practice, please provide examples)** |
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