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

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

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

# 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 of $250. Payment can be made by via the link on the Forms page of the website.
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:**

|  |
| --- |
| **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)** |
|  |

|  |
| --- |
| **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)** |
|  |

Please duplicate page as necessary