



Application for EMDRAA Consultant Re-Accreditation in EMDR Therapy

Please ensure this form is completed in printed format and NOT hand written

Name:

Address:

Email Address:

Current work setting and position:

Have you provided your consultant with:

Your registration/ practicing certificate or professional membership

Log of consultation hours

Please attach:

The reference from your consultant

A second reference from a supervisor or colleague in your profession.

A current CV

Copy of payment for application from emdraa.org website

Fee for application:

EMDRAA Member: \$150 (for 5 years)

Supporting consultant's name:

Supporting consultant's email address:

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-accréditation Criteria**
- Section III: EMDR Therapy Professional Education and Development Record**
- Section IV: Second Reference**

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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. 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 five-year registration period and provide evidence of **75 HOURS** (minimum) of continual professional development, **50 hours** of which 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. However 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 attendance at one national or international EMDR conference **and at least three** of the following activities to cover the previous five year registration period. Please provide this evidence on the Professional Education and Development Record Form.
 - a. Attendance and/or participation in EMDR trainings
 - b. Attendance and/or participation in area related trainings
 - c. Attendance and/or participation in conferences
 - d. Attendance and/or participation in EMDR focussed workshops
 - e. Attendance and/or participation in area related workshops
 - f. Involvement in both the provision and receipt of EMDR Consultation
(Please provide details of the number of consultation sessions provided and number of attendees)
 - g. Relevant publications relating to EMDR
 - h. EMDR research focused activity
 - i. Contribution to raising the profile of EMDR
5. **APPLICANTS MUST PAY AN APPLICATION FEE OF \$AUD150**
Payment can be made at www.emdraa.org on the EMDRAA Accreditation page
6. **ALL APPLICATIONS WILL THEN BE CONSIDERED THROUGH THE EMDRAA ACCREDITATION COMMITTEE**
7. **ALL APPLICANTS MUST AGREE TO ATTEND A CONSULTANT'S WORKSHOP**
8. **IF SUCCESSFUL THE PERIOD OF RENEWAL WILL BE FOR A FURTHER FIVE-YEAR PERIOD.**

EMDR Therapy Professional Education and Development Record



Total a minimum of 75 hours over five years, 50 EMDR specific

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Activity: (e.g. title of study day, webinar, conference, book, journal article etc.)
Duration in hours:

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Second Reference in Support of an Application for EMDRAA Consultant Re-accreditation

I support this application for Re-accreditation as an EMDRAA Consultant for:

Name of Applicant:.....

I know the applicant from the following context:

Please Tick

	Head of Service/ Clinical Manager
	Professional Colleague
	Academic Colleague
	Clinical Supervision Group member

I can confirm the applicant's experience in the practice of EMDR therapy and that the applicant's professional practice is in accordance with the ethical guidelines of their respective professional organisation.

It will be helpful if you could comment on the applicant's integration of EMDR therapy into their general work and if possible, provide details and examples of the following:

- Benefits to the service and clinical outcomes regarding the applicant's use of EMDR Therapy.
- Feedback from clients and or clinical colleagues regarding the applicants use of EMDR Therapy
- Feedback from consultees regarding the applicants provision of EMDR consultation
- Feedback from trainees regarding the applicants provision of facilitation at EMDR Therapy Trainings
- Examples of how the applicant has promoted / developed EMDR therapy through education / teaching

Please provide this information in the form of a short report on a separate sheet if needed.

Please print name:.....

Signature:.....

Date:.....