



Application for EMDRAA Practitioner 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 PRACTITIONER APPLICATION

APPLICATION FORM TO BE RETURNED TO:

Email Address accred@emdraa.org

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

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:

Re-Accreditation Criteria for EMDRAA Practitioner

For re-accreditation as an EMDRAA Practitioner the following must be met:

1. Current EMDRAA member.
2. Minimum of **75 HOURS** of continual education is required, with **50 hours** relating to EMDR. (Please complete EMDR Therapy Professional Education and Development Record Form)
3. Letter of recommendation from an EMDRAA Consultant who has commented upon your standing and contribution within the field of EMDR Therapy. (The Consultant must also be in a position to comment upon your ability as an EMDR clinician.)
4. 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. participation in EMDR trainings
 - b. participation in conferences, workshops
 - c. Attendance and/or participation in EMDR focussed workshops
 - d. EMDR Consultation
(Please provide details of the number of consultation sessions attended)
 - e. Relevant publications relating to EMDR
 - f. EMDR research focused activity
 - g. Contribution to raising the profile of EMDR
5. Make payment for **\$AUD150**. Payment can be made via this link: <https://emdraa.org/product/practitioner-accreditation-renew/>
6. **ALL APPLICATIONS WILL BE REVIEWED THROUGH THE EMDRAA ACCREDITATION COMMITTEE. ONCE ACCEPTED BY THE COMMITTEE THE PERIOD OF RENEWAL WILL BE FOR A FURTHER FIVE-YEAR PERIOD.**

EMDR Therapy Professional Education and Development Record
To total a minimum of 75 hours over five years, with 50 EMDR specific

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Section IV: EMDRAA Accredited Consultant's Recommendation:

EMDRAA Accredited Consultant to specify reasons for recommending applicant's re-accreditation as an EMDRAA Practitioner?

EMDRAA Consultant's Signature:.....

Please print name:

Date:.....

Applicant's Signature:

Please print name:

Date:.....

Second Reference in Support of an Application for EMDRAA Practitioner Re-accréditation

I support this application for Re-accréditation as an EMDRAA Practitioner 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
- 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:.....