

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
Section IV: Second Reference

Please ensure this form 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 (Peer) Consultant's e-mail address:

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SECTION II: RE-ACCREDITATION CRITERIA FOR EMDRAA CONSULTANTS

1. To seek re-accreditation with EMDRAA, applicants must be current 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** which relates to EMDR, in the professional development log following (Certificates not required).
3. Re-accreditation applicants will provide two letters of affirmation and support from EMDRAA consultants (their peer) 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 or consultants.
4. Applicants must provide documented evidence (the following log) 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/ workshops
 - b. Attendance and/or participation in area related trainings
 - c. Attendance and/or participation in conferences
Attendance and/or participation in area related workshops (e.g., trauma, substance abuse, dissociation, stabilisation).
Involvement in the provision or receipt of EMDR Consultation
(Please provide general details of consultation sessions provided or received (e.g., number/frequency/ group/ individual etc.)
Relevant publications relating to EMDR
EMDR research focused activity
 - d. 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 REVIEWED BY THE EMDRAA ASC**
7. **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 hours
EMDR specific**



Applicant Name:

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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

<input type="checkbox"/>	Head of Service/ Clinical Manager
<input type="checkbox"/>	Professional Colleague
<input type="checkbox"/>	Academic Colleague
<input type="checkbox"/>	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:.....