

Application for EMDRAA Consultant 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)
Comparation of a sound to set of the set of
Supporting consultant's name:
Supporting consultant's email address:

EMDR ASSOCIATION OF AUSTRALIA (EMDRAA)



Application for EMDRAA Consultant Accreditation in EMDR Therapy

APPLICATION FORM TO BE RETURNED TO: Email Address: accred@emdraa.org

Part A:	Applicant's details

Part B: Minimum Requirements & Evidence Checklist

Part C: Consultant Competency Based Framework - to be completed by the applicant's EMDRAA

Consultant

Part D: Record of EMDR Clinical Contact Activity
Part E: Supervising and Teaching Skills & Consultation
Part F: Second Reference in Support of the application

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

Part A: Applicant's Details
Name
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:



EMDRAA Consultant Evidence Checklist Part B: EMDRAA Minimum Requirements	Please tick appropriate box		
The applicant is a member of EMDRAA?	Yes	No	
The applicant has made payment for \$AUD150. Payment can be made by www.emdraa.org on the Accreditation page. (non-refundable)			
The applicant is registered with a professional body as required, and where relevant has shown evidence of appropriate Professional Indemnity Insurance.	Yes	No	
To your knowledge the applicant adheres to the professional and ethical standards, as defined by both the applicant's professional registration body and the EMDR Association of Australia and consistently promotes integrity in the science, teaching and clinical practice of psychotherapy and in particular that of EMDR therapy.	Yes	No	
The applicant has treated a broad range of clients of varying diagnoses and complexity.	Yes	No	
The applicant has conducted a minimum of 300 EMDR sessions since becoming an EMDRAA Accredited Practitioner.	Yes	No	
The applicant has treated a minimum of 75 clients utilising EMDR since becoming an EMDRAA Accredited Practitioner.	Yes	No	
The applicant has demonstrated competency in both their provision of consultation and their clinical work and completed 20 hours of consultation (minimum 10 individual) since becoming an EMDRAA Accredited Practitioner.	Yes	No	
The applicant has provided a Second Reference from a person who is in a position to comment on the applicant's professional practice and, clinical experience of providing EMDR therapy and consultation.	Yes	No	
Since becoming an EMDRAA Accredited Practitioner the applicant has undertaken a minimum of 30 hours of EMDR related Continuing Professional Development (CPD) and is aware of current EMDR research.	Yes	No	
You have observed at least 3 sessions (in vivo (with consultant as observer) or recorded) of the applicant's professional practice, of which one must be clinical, one providing individual EMDR consultancy and one providing Group EMDR consultancy?	Yes	No	



PART C: EMDR THERAPY CLINICAL PRACTICE PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY Section A: Standard EMDR-protocol and procedure 1. History Taking – Past, Present & Future, AIP Case conceptualisation, target sequencing plan Preparation Assessment 3. - Image - Negative cognition - Positive cognition - Validity of Cognition (VoC) - Emotions - SUD - Body location Processing (Desensitisation) 4. - Strategies for blocked processing/ Acceleration/ Deceleration - Blocking Beliefs - Cognitive Interweaves Installation of positive cognition 5.



PART C: EMDR THERAPY CLINICAL PRACTICE								
PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY								
6. Body can								
 7. Closing techniques Complete session Incomplete session 								
8. Re-evaluation								





5. EMDR protocols for acute trauma (Recent Events Protocols)	
6. EMDR & traumatic bereavement, grief & mourning	
7. EMDR and Depression	
8. EMDR and psychosis	

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS



PART E: SUPERVISING AND TEACHING SKILLS & CONSULTATION OF CONSULTATION (20 HOURS)

PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY

Basic approach and attitude towards applicants, duties and responsibilities:

- Demonstrates a high level of professional attitude and competence in assessing the knowledge and skill level of the trainee and supporting their development as an EMDR therapist.
- The role of the consultant can include:
 - Tutoring in the basics of EMDR practice as per 10 hours basic requirement
 - Assessment of applicants for accreditation.
 - Facilitation at basic training
 - Provision of specialist training
 - Establishment of consultancy groups
 - Development of local networks

Rapport building with Applicants

- Creates a safe atmosphere within clinical consultancy
- Provides adequate and constructive feedback to applicants
- Develops an effective attunement and adequate coaching style



PART E: SUPERVISING AND TEACHING SKILLS & CONSULTATION OF CONSULTATION (20 HOURS)

PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY		
Ability to transfer of knowledge effectively	SIN SOLI ON OF EACH COMMETENCY	
 Psychotraumatology 		
Focuses in consultancy on following issues:		
 Practices the Standard EMDR Protocol Correctly applies the protocol Acknowledges recognition of other approaches or treatment plans and interventions Demonstrates an ability to answer applicants questions effectively, considering the following: Explore and clarify the question Answer from a theoretical background Answer on a practical level Give specific hints and suggestions for specific case Teach about differential diagnosis and / or alternative treatments 		



Identify and effectively manage group processes	
Signature of Applicant	••••
Printed Name	
Date	
Signature of EMDRAA Approved Consultant/ Trainer:	
Printed Name:	
Date:	



Part F: Second Reference in Support of an Application for EMDRAA Accreditation

This reference forms part of the application process for accreditation as an EMDRAA Consultant

I support this application for EMDRAA Accreditation as an EMDRAA Consultant for:	
Name of Applicant:	
I know the applicant from the following context: Please Tick:	
Professional Colleague	Clinical Consultancy Group member
Head of Service/ Clinical Manager	Academic Colleague
I can confirm the applicant's experience in the pract professional practice is in accordance with the exprofessional organisation. In addition, it will be helpful if you could provide detail. How the applicant has integrated EMDR therapy in Benefits to the service and clinical outcomes regard Therapy. Feedback from clients and or clinical colleagues EMDR Therapy and Consultation. Examples of how the applicant has promoted / deducation / teaching. Please provide this information in the form of a short in the form of a	thical guidelines of their respective s and examples of the following: nto their clinical practice. rding the applicant's use of EMDR regarding the applicants use of eveloped EMDR therapy through
Please print	
Name:	
Signature:	

Form Updates January 2023 - Added Examples and resized client log.