# **APPLICATION**



# **Application for EMDRAA Consultant Accreditation**

#### in EMDR Therapy

# Please ensure this form is completed in printed format and NOT handwritten Applicant Name: Applicant Email:

Professional Discipline:

Supporting Consultant:

Supporting Consultants Email:

#### Please ensure you have completed each component of this process:

Part A: Consultant Competency Based Framework Checklist (Consultant to complete)

Part B: Consultation hours

Part C: Client log

Part D: Consultant letter of recommendation

Part E: Second reference to support application

Application for EMDRAA Consultant Accreditation in EMDR Therapy				
Original Version	1	Approval Date	October 2024	
Version #	2	Review Date	October 2026	
Contact us accred@emdraa.org	ABN 95 151 692 429			

#### Please provide your supporting consultant with:

- Evidence of your registration/ practicing certificate or professional membership
- Log of consultation hours

#### Please attach:

- The letter of 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: \$200.00AUD + GST (for 5 years)

# **EMDRAA Consultant Accreditation Checklist**

EM	DRAA Consultant Accreditation Checklist	YES	NO
1	The applicant is a full member of EMDRAA		
2	The applicant has made payment for \$200.00AUD + GST		
3	The applicant meets the professional registration/membership eligibility criteria		
	outlined on the EMDRAA website and holds appropriate professional indemnity		
	insurance.		
4	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		
5	The applicant has been an Accredited Practitioner for a minimum of two full		
	years. Please note date of practitioner accreditation:		
6	The applicant has conducted a minimum of 300 EMDR sessions since becoming		
	an EMDRAA Accredited Practitioner.		
7	The applicant has treated a minimum of 75 clients utilising EMDR since		
	becoming an EMDRAA Accredited Practitioner.		
8	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.		
9	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.		
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10	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	
11	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.	

# Part A: Accredited Consultant Competency Based Framework Please provide Detailed Comments in support of each competency Section A: Standard EMDR- Protocol and Procedure 1. History Taking • Past, Present and Future, AIP Case conceptualisation, target sequencing plan 2. Preparation 3. Assessment **Image** Negative cognition Positive cognition

Validity of Cognition (VoC)	
• Emotions	
• SUD	
Body location	
-	
4. Processing (Desensitisation)	
<ul> <li>Strategies for blocked</li> </ul>	
processing/ Acceleration/	
Deceleration	
Blocking Beliefs	
<ul> <li>Cognitive Interweaves</li> </ul>	
5. Installation of positive cognition	
5. Installation of positive cognition	

6. Body scan	
<ul><li>7. Closing techniques</li><li>Complete session</li></ul>	
Incomplete session	
3. Re-evaluation	

Part A: Accredited Consultant Competency Based Framework (continued)			
Section B: Evidence of knowledge and experience of scripted protocols for specified populations and knowledge of research:			
EMDR, dissociation and Complex Post Traumatic Stress Disorder (C-PTSD)			
2.EMDR with phobias and other anxiety presentations			
3. EMDR and clients with addictive behaviours			

4. EMDR and clients with pain	
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5. EMDR protocols for acute trauma	
(Recent Events Protocols)	
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6. EMDR with grief related presentations	
o. EMDR with gher related presentations	

7. EMDR and Depression	
The second secon	
8. EMDR and psychosis	

Please provide detailed comments in support of each competency			
Basic approach and attitude towards consultee, duties and responsibilities:			
<ul> <li>Creates a safe atmosphere within clinical consultancy</li> <li>Provides adequate and constructive feedback to trainees</li> <li>Develops an effective attachment and adequate coaching style</li> </ul>			

Ability t	o transfer of knowledge effectively:	
Psycho	traumatology	
_		
Focuse	s 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:	
	<ul> <li>Explore and clarify the question</li> </ul>	
	<ul> <li>Answer from a theoretical</li> </ul>	
	background	
	<ul> <li>Answer on a practical level</li> </ul>	
	<ul> <li>Give specific hints and</li> </ul>	
	suggestions for specific case	
	<ul> <li>Teach about differential</li> </ul>	
	diagnosis and / or alternative	
	treatments	
		•

Identify and effectively mana	ge group		
processes			
PART B: CONSULTATION H	IOURS		
Summary of Consultants H	ours: Dates	of Consultation:	
Individual Hours			
Group Hours			
Asynchronous Hours			
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**Supporting Consultants Declaration:** 

I have assessed this applicant's eligibility to become an Accredited Consultant.

I have fully reviewed and sighted all required documents for this application.

The applicant has completed a minimum of 20 hours consultation in support of

this application, as per the requirements of the EMDRAA Consultant's

Handbook.

I have observed the applicant's EMDR work either through recordings or in vivo

- including their work in both individual and group consultation settings.

I have reviewed the applicants Client Log and confirmed it meets the

requirements outlined in the EMDRAA Consultants Handbook. I confirm I have

retained a copy of this should it be requested.

• I have completed the applicant's competency framework and assessed each

competency.

I confirm that my review of the applicant's client work is based on recent practice

(predominantly within the last two years).

Please complete below:

EMDRAA Accredited Consultant Printed Name:

EMDRAA Accredited Consultant Signature:

Date:

**Applicant's Declaration:** 

• I have fully reviewed and/or completed all aspects of this application

• I confirm that all information provided is truthful and accurate

I confirm that if accredited, I will ensure I practice within the appropriate

standards and guidelines set out by EMDRAA and by my professional

discipline.

• I will maintain my eligibility for EMDRAA Full Membership for the duration of

the accreditation period and will notify EMDRAA immediately should my

eligibility status change in any way.

• I confirm that should my practice as an EMDRAA Accredited Consultant not

adhere to the required standards EMDRAA may revoke my accreditation.

<b>Please</b>	comp	lete	be	low:
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Applicants Printed Name:		
Applicants Signature:		

Date: