

# APPLICATION



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## EMDRAA Practitioner Re-Accreditation Application

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Please email completed forms and documents to [accred@emdraa.org](mailto:accred@emdraa.org)

Please ensure this form is completed in printed format and **NOT** handwritten.

**NAME OF APPLICANT:**

**ADDRESS:**

**EMAIL ADDRESS:**

**CURRENT WORK SETTING AND POSITION:**

**SUPPORTING CONSULTANT'S NAME:**

**SUPPORTING CONSULTANT'S EMAIL ADDRESS:**

**Have you provided your consultant with:**

Your registration/practicing certificate or professional membership  
Log of consultation hours

Please attach:

A reference letter from your consultant  
A second reference from a supervisor or professional colleague.  
An up-to-date curriculum vitae (CV).  
Proof of payment for the application.

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## Re-Accreditation Criteria for EMDRAA Practitioner

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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.
5. 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
6. Make payment for \$150.00AUD + GST
7. 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

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## EMDR Therapy Professional Education and Development Record

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To total a minimum of 75 hours over five years, with 50 EMDR specific.

<b>Date:</b>	
<b>Activity (e.g. title of study day, webinar, conference, book, journal article):</b>	
<b>Duration in hours:</b>	

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## EMDRAA Accredited Consultant's Recommendation

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An EMDRAA Accredited Consultant is required to provide detailed reasons for recommending the applicant's re-accreditation as an EMDRAA Practitioner.

EMDRAA Printed Name:

EMDRAA Consultant's Signature:

Date:

Applicant's Printed Name:

Signature:

Date:

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

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I support this application for re-accreditation as an EMDRAA Practitioner for:

Name of Applicant:

	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 applicant's 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 the next page or a separate page if required.

Second Reference Print Name:

Second Reference Signature:

Date: