

APPLICATION



EMDRAA Consultant Re-Accreditation Application

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

NAME OF APPLICANT:

ADDRESS:

EMAIL ADDRESS:

CORE PROFESSION:

CONSULTANT SUPPORTING THIS APPLICATION:

EMDRAA (PEER) CONSULTANT'S E-MAIL ADDRESS:

Please complete the below sections:

Applicant's details

Re-accreditation criteria

EMDR Therapy Professional Education and Development Record

Second Reference

Re-Accreditation Criteria for EMDRAA Consultants

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. 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 able 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. 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. Attendance and/or participation in EMDR trainings/ workshops
 - b. Attendance and/or participation in area related trainings
 - c. Attendance and/or participation in conferences
 - d. Attendance and/or participation in area related workshops (e.g., trauma, substance abuse, dissociation, stabilisation).
 - e. 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.)
 - f. Relevant publications relating to EMDR research focused activity
 - g. Contribution to raising the profile of EMDR
5. Make payment for **\$200.00AUD + GST**
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.

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

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

I support this application for re-accreditation as an EMDRAA Consultant 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.
- Feedback from consultees regarding the applicant's provision of EMDR consultation.
- Feedback from trainees regarding the applicant's 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 the next page or a separate page if required.

Second Reference Print Name:

Second Reference Signature:

Date: