

# TRAINER ACCREDITATION APPLICATION



## This application is being submitted for:

Trainer and training package accreditation

- Please submit the Trainer Application & Agreement and Training Package Application form

Or

Trainer accreditation application only

- Please nominate the training package being used and provide a letter from the package owner acknowledging approval of your use of it.

Please provide details of the person submitting this application.

Name:

Organisation or Business name (if applicable):

Mailing Address:

State:

Postcode:

Phone:

Email:

Website:

EMDRAA Trainer Accreditation Application Checklist			
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## Ethical standing and integrity

The applicant must include in the application the following signed statement concerning the validity of the statements and evidence that they have provided, their integrity in teaching and practice and their willingness to adhere to the ethical and professional standards of EMDR in Australia:

*"I confirm that all statements and evidence I have provided to the committee are truthful and accurate. I further confirm that at all times, I will behave with integrity in my teaching and practice and that I will adhere to the ethical and professional standards and rules of the EMDR Association of Australia."*

Name:

Signed:

Date:

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## Submission Checklist

Please confirm that you have provided the following:

Check Box	Requirement	Standard	Admin review
	Application letter detailing how I meet each criterion		
	Current Professional registration/membership certificate	1.1, 1.2	
	Details of any restrictions on professional practice or any current active complaints	1.3	
	Application fee must be paid at the time of submission (please attach paid invoice)	2.2	
	Evidence of at least three (3) years' post-accreditation experience as an EMDR Consultant	3.1	
	Clinical abilities recordings: <ul style="list-style-type: none"> <li>One (1) complete EMDR therapy session demonstrating Phases 3 to 8</li> <li>One (1) demonstration of the applicant's ability to use a Cognitive Interweave or Blocked processing appropriately</li> </ul>	3.1.1 3.1.2	
	Evidence of ability to oversee and facilitate practicum exercises in the form of: <ul style="list-style-type: none"> <li>A letter of confirmation from an accredited trainer <b>OR</b></li> <li>A recording demonstrating my competency</li> </ul>	3.2.1 3.2.2	
	Confirmation that at least 40% of professional time is in clinical practice	4.1	
	Evidence of standing such as clinical references, relevant publications, or a recognised professional reputation	4.2	
	Two (2) professional references regarding teaching experience from colleagues or peers	5	
	Evidence of teaching and training experience	5.1	
	Training & Presentation skills - three (3) recorded presentations submitted with the application, not exceeding 30 mins each, which demonstrate the following:	6	
	<ul style="list-style-type: none"> <li>One (1) presentation of teaching parts of the eight-phase protocol</li> </ul>	6.2.1	
	<ul style="list-style-type: none"> <li>One (1) presentation involving teaching the Cognitive Interweave or Blocked Processing</li> </ul>	6.2.2	
	<ul style="list-style-type: none"> <li>One (1) presentation demonstrating teaching the Adaptive Information Processing model or outlining current EMDR related research</li> </ul>	6.2.3	
	<ul style="list-style-type: none"> <li>One (1) recorded presentation – complete &amp; unedited, includes a question-and-answer component from an audience</li> </ul>	6.2	

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**Please confirm that you will participate in the in vivo assessment:**

Check Box	Requirement	Standard	Admin review
	I am willing to participate in an <i>in vivo</i> presentation with an EMDRAA review panel.	8.1	
	I understand the <i>in vivo</i> presentation is designed to further assess my live presentation skills and ability to respond to questions from trainees on the spot.	8.1.1	
	I understand I will be provided 20 minutes to present and 10 minutes to respond to questions from the review panel	8.1.2	
	I understand the review panel will rate my presentation and response to questions in the Presentation Evaluation Form.	8.1.3	
	I understand the <i>in vivo</i> presentation supplements the examples of clinical and training work provided earlier in the application process.	8.3	
	I understand the <i>in vivo</i> must address the areas outlined in the accreditation requirements.	8.4	
	I understand that to achieve the required standards, I require an average score of 3 out of 5 for each criterion.	8.5	
	I understand that if any other criteria above are deemed to have not been met, I may be required to resubmit this element of the application and pay a resubmission fee.	8.6	
	I understand that if I do not achieve the above score, I will receive feedback and be eligible to present again within three (3) months.	8.7	
	I understand that if a second submission fails an assessment, a minimum of 12 months is required before a further application can be submitted.	8.8	

**Name:**

**Signature:**

**Date:**

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