

EMDR/Family Therapy Integrative Model Certification Form

Name _____ Tele: _____

Street address: _____

City, State, Zip: _____

License Type: _____

Please submit and attach the following with this completed form

- Documentation of completion of standard EMDR certification through EMDRIA
- A letter, written by you, stating you have practiced the EMDR/Family Therapy Integrative Model with at least 5 families and with a minimum of 30 therapy sessions
- Two letters from colleagues attesting to your ethics in practice and professional character

Please complete the following information

Dates and location of participation in EMDR/Family Therapy Integrative Model training:

Dates of 12 group or individual consultation hours (up to 6 may be group) with an EMDR/Family Therapy Integrative Model certified clinician

Dates of individual consultation:

Dates of group consultation:

I, _____, affirm that I have completed 12 consultation hours (no more than 6 groups) with an EMDR/Family Therapy Integrative Model certified clinician (and EMDRIA approved consultant) and have practiced the EMDR/Family Therapy Integrative Model with at least 5 families.