



CREATING GLOBAL HEALING, HEALTH & HOPE

EMDR International Association
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Tel: (512) 451-5200
EC@emdria.org

EMDRIA Credit Program Application *For Live Events*

The Program Application and required documentation should be emailed to EC@emdria.org. Providers should refer to the "Program Application Overview & Instructions" and "Program Guidelines & Requirements" for additional details. Please allow at least 45 days for the review process.

EC PROVIDER INFORMATION

Provider Name: _____

Provider #: _____ Phone: _____

Contact Person (for questions concerning program content): _____

Contact's Phone: _____ Contact's Email: _____

PROGRAM INFORMATION

Program Title: _____

Program Description (50 words or less): _____

Number of EMDRIA Credits Requested: _____

Program Date: _____

Program Site Address: _____

DELIVERY FORMAT

The program content must be delivered in real-time and allow participants to interact and communicate directly with the presenter(s). Real-time, interactive programs are either delivered in person or by electronic devices that support this type of communication. Please indicate how the program content will be delivered to participants:

☐ In Person Event ☐ Live Webinar ☐ Other _____

PRIMARY PRESENTER

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

CO-PRESENTER (If applicable)

Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

CONTACT PERSON HANDLING PROGRAM REGISTRATION

Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

EMDRIA DEFINITION OF EMDR

- ☐ The content of this program is consistent with the EMDRIA Definition of EMDR.
- ☐ This content of this program deviates from the EMDRIA Definition of EMDR. The required documentation supporting the effectiveness of this method is included with this application.

AGREEMENT

- ☐ The provider and/or primary presenter assumes full responsibility for any liability that may be incurred as a consequence of this program, including any oral or written material in the content of the presentation. In accordance with HIPAA standards, appropriate 'Release of Confidential Information' forms have been obtained for all client material that will be used or recorded as part of this program. The responsibility for protecting client confidentiality and compliance with HIPAA regulations rests with the presenter and/or provider.

REQUIRED DOCUMENTATION

Please submit the following documentation: (See "Program Guidelines & Requirements" for guidance)

- ☐ Completed Program Application with fee
- ☐ Abstract
- ☐ Learning Objectives
- ☐ Content & Timeline
- ☐ Handout Materials
- ☐ Presenter's CV
- ☐ Promotional Materials
- ☐ Documentation Supporting Deviation (if applicable)

AUTHORIZATION

I certify that the preceding statements and the enclosed documents are true and understand that any false statements may result in revocation of program and/or EC Provider approval status. As an EC Provider, I understand that I am responsible for submitting the required follow-up materials for this program, adhering to EC Provider guidelines and requirements, and that this program may be subjected to an administrative audit.

EMDRIA Credit Provider _____ (type in name if electronically submitted)

Date

APPLICATION FEE

Please enclose the non-refundable \$50 Program Application Fee. Checks and Money Orders should be made payable to EMDRIA. The application fee must be submitted in order to begin the program review process.

☐ Check/Money Order

☐ Visa, MasterCard or Discover

Credit Card Number: _____ 3 digit CVV: _____

Expiration: _____ Name as it appears on card: _____

Signature: _____

Note: Completion of this application form does not constitute automatic EMDRIA Credit program approval. If granted, approval will be effective for the date(s) listed in the Program Approval letter.