



APPLICATION FORM TO BE COMPLETED, PRINTED OUT, SIGNED WHERE APPROPRIATE, SCANNED, AND SENT AS EMAIL ATTACHMENT TO:

PLEASE NOTE THAT ONLY ELECTRONICALLY COMPLETED DOCUMENTATION WILL BE CONSIDERED. IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED THOROUGHLY, PLEASE ENSURE THAT ALL NECESSARY INFORMATION IS PROVIDED.
THANK YOU.

Section I: Applicant's details

Name:

Address 1:

Address 2:

Address 3:

Daytime Tel:

Evening Tel:

Mobile Tel:

Qualifications:

Core Profession:

I am applying for Accreditation as an (please tick as appropriate):

EMDR Europe Consultant EMDR Europe Child & Adolescent Consultant

Both of the above

Name of EMDR Europe Accredited Clinical Supervisor/ Consultant supporting this application:

EMDR Europe Clinical Supervisor/ Consultant's email address:

COMPETENCY BASED FRAMEWORK
EMDR EUROPE PRACTICE COMMITTEE – OCTOBER 2016
(RATIFIED VERSION WITH CHILD & ADOLESCENT ADDENDUM)

EMDR Europe Consultant Evidence Checklist
Part A: EMDR Europe Minimum Requirements and Record of Clinical Contact
Part B: EMDR Clinical Practice
Part C: EMDR Supervision and Consultation of Consultation (20 Hours)

EMDR Europe Clinical Supervisor/ Consultant Evidence Checklist PART A: EMDR EUROPE MINIMUM REQUIREMENTS	Please circle appropriate box	
That the applicant is a member of their respective EMDR National Association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To your knowledge the Applicant adheres to the Professional and Ethical Standards as defined by both the applicant's professional registration body and the EMDR National Association and consistently promotes integrity in the science, teaching and clinical practice of psychotherapy and in particular that of EMDR.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
That the applicant is engaged in a minimum of 16 hours per week practicing psychotherapy (including supervising).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As a Clinical Supervisor/ Consultant you have seen copies of the applicant's professional registration certificates and where necessary evidence of their indemnity insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The applicant has a minimum of 3 years' experience of being an EMDR Europe Practitioner. Please note: applicants for EMDR Europe Child and Adolescent Consultant are required to have a minimum of 3 years experience as a Child and Adolescent Practitioner. Please enclose a copy of your accreditation certificate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The applicant has treated a broad range of clients of varying diagnoses and complexity.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The applicant has conducted a minimum of 400 EMDR sessions since becoming an EMDR Europe Accredited Practitioner.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The applicant has treated a minimum of 75 clients utilising EMDR since becoming an EMDR Europe Accredited Practitioner. If the application is for Child and Adolescent Consultant, 25 of the 75 clients will be children or adolescents.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The applicant has demonstrated competency in both their provision of clinical supervision/ consultation and of their clinical work and have engaged in a minimum of 20 hours clinical supervision/ consultant with an EMDR Europe Accredited Consultant.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
You have seen the second reference in support of the applicant's application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
You have seen the Certificate of Competency from the EMDR Europe Consultants training and had feedback from a Consultant Trainer regarding the applicant. (For those applying in the UK this training will have included the Child and Adolescent element).	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Please enclose with your application your Consultant Training Certificate of Competency.		
Can confirm that since becoming an EMDR Europe Accredited Practitioner the applicant has undertaken a minimum of 30 hours EMDR related Continuing Professional Development (CPD) and aware current EMDR research.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
That you have witnessed a minimum of three videos, or in-vivo sessions meeting the required standard, of the applicant's professional practice of which one must be clinical, the second of them providing individual EMDR clinical supervision and the third of them providing Group EMDR clinical supervision.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

RECORD OF CLINICAL CONTACTS

[Form to be used for both EMDR Europe Practitioners and Consultants]

CLIENT'S NUMBER & INITIAL	PRESENTING PROBLEM	DATE FIRST SEEN	NUMBER OF SESSIONS	SETTING WHERE TREATMENT TOOK PLACE
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EMDR EUROPE PRACTICE COMMITTEE – OCTOBER 2016
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EMDR EUROPE PRACTICE COMMITTEE – OCTOBER 2016
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COMPETENCY BASED FRAMEWORK
EMDR EUROPE PRACTICE COMMITTEE – OCTOBER 2016
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Total Clients Seen:				

Name and Signature of EMDR Europe Clinical Supervisor Name: Signature:	Name and Signature of Applicant Name: Signature:	Date Date:
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PART B: EMDR CLINICAL PRACTICE	
PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY	
<p>Section A:</p> <p>Standard EMDR-protocol and procedure</p> <ol style="list-style-type: none"> 1. History Taking – Past, Present & Future, AIP Case conceptualisation, and treatment planning 2. Preparation 3. Assessment <ul style="list-style-type: none"> ▪ Image ▪ Negative cognition ▪ Positive cognition ▪ Validity of Cognition (VoC) ▪ Emotions ▪ SUD ▪ Body location 4. Processing (Desensitisation) <ul style="list-style-type: none"> ▪ Strategies for blocked processing and blocking beliefs ▪ Acceleration/ Deceleration ▪ Blocking Beliefs ▪ Cognitive Interweaves 5. Installation of positive cognition <ul style="list-style-type: none"> ▪ Including blocking beliefs 6. Body scan 7. Closing techniques <ul style="list-style-type: none"> ▪ Complete session ▪ Incomplete session 8. Re-evaluation 	
<p>Section B:</p> <p>Evidence of knowledge and experience of scripted protocols for specified populations and knowledge of research:</p> <ol style="list-style-type: none"> 1. EMDR, Dissociation and Complex Post Traumatic Stress Disorder (C-PTSD) 2. EMDR with Phobias 3. EMDR and Clients with addictive behaviours 4. EMDR and Client’s with Pain 5. EMDR Protocols for acute trauma (Recent Events Protocol) 6. EMDR & Traumatic Bereavement, Grief & Mourning 7. EMDR with Depression 8. EMDR with Psychosis 	

PART C: EMDR THERAPY SUPERVISION & CONSULTATION OF CONSULTATION (20 HOURS)

PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY

Basic approach and attitude towards supervisee's, duties and responsibilities:

- Development of a co-operative clinical supervision alliance with supervisees
- Demonstration of a high level of professional attitude and competence

Rapport building with Supervisees

- Create a safe atmosphere within clinical supervision
- Providing adequate and constructive feedback to supervisees
- Developing an effective attunement and adequate coaching style

Ability to transfer knowledge effectively to the theoretical framework of Adaptive Information Processing (AIP)

Focuses in consultation on following issues:

- Practice of the Standard EMDR Protocol
- Correct application of the protocol
- Acknowledge recognition to other approaches or treatment plans and interventions
- Demonstrate an ability to answer supervisees questions effectively, considering the following:
 - a. Explore and clarify the question
 - b. Answer from a theoretical background
 - c. Answer on a practical level
 - d. Give specific hints and suggestions for specific case
 - e. Teach about differential diagnosis and /or alternative treatments

Identify and effectively manage group processes

EMDR EUROPE ACCREDITED CLINICAL CHILD & ADOLESCENT CONSULTANT
COMPETENCY BASED FRAMEWORK - Addendum

<p>The applicant has a minimum of 3 years experience of being an EMDR Europe C&A Practitioner where their main clinical activity is in using EMDR Therapy with Children and Adolescents</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Section A:</p> <p>Standard EMDR-protocol and procedure</p> <ol style="list-style-type: none"> a. Phase 1 & 2: History Taking – Past, Present & Future, developmental protocol, attachment and systemic aspects (incl. domestic violence) b. Phase 3: Assessment (In accordance with developmental protocol) c. Phase 4: Processing (Desensitisation) age adapted 	<p>PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY</p>	
<p>Section B:</p> <p>Evidence of knowledge and experience for specified populations and knowledge of research:</p> <ol style="list-style-type: none"> 1. EMDR, Dissociation and Complex Post Traumatic Stress Disorder, Developmental Trauma Disorder 2. Attachment disorders and EMDR 3. Narrative EMDR, storytelling 4. Integrative Group Treatment Protocol (IGTP) 5. EMDR with emotional and developmental disorders 		

I confirm that the Applicant for Accreditation as an EMDR Europe Accredited Consultant **and or** Child & Adolescent Consultant has completed a minimum of 20 Hours Clinical Supervision/ Consultation:

I confirm that I have personally supervised the work of _____ as outlined in

1. the enclosed reference
2. the attached competency framework document.

I confirm that s/he has conformed to the level of attainment as stated and prescribed by the Association.

I attest that this is an honest and valid evaluation of the supervisee’s competencies
 I understand that if for any reason information is forthcoming to suggest that the above conditions were not met the consultant and/or supervisee may forfeit their accreditation and possibly Association membership.

Please indicate the period during which you have provided supervision to this supervisee:

Start date:

End date:

(Indicate if ongoing):

EMDR Clinical Supervisor/Consultant Signature:

Please print name:

Date:

Supervisee’s Signature:

Date:

Second reference in support of the application for EMDR Europe Accreditation

This reference forms part of the application process for accreditation as an EMDR Europe Consultant **and or** Child & Adolescent Consultant

I support this application for EMDR Europe Accreditation as an EMDR Europe Consultant **and or** Child & Adolescent Consultant for:

Name of Applicant:

I know the applicant from the following context (Please tick):

	Head of Service/ Clinical Manager
	Professional Colleague
	Academic Colleague

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Clinical Supervision Group member

I can confirm the applicant's experience in the practice of EMDR, and that the applicant's professional practice is in accordance with the ethical guidelines of their respective professional organisation.

Please print name:

Signature:

Date:

