



EMDR Association UK and Ireland
ACCREDITATION COMMITTEE

**APPLICATION FORM FOR ACCREDITATION AS AN
EMDR CONSULTANT WITH EMDR UK & IRELAND**

Return to:
PO Box 3356 Swindon SN2 9EE
Email: emdrassociation@hotmail.com

- Section I:** Applicant's details
- Section II:** Criteria for Accreditation as an EMDR UK & Ireland Practitioner
- Section III:** Record of Clinical Contacts
- Section IV:** Clinical Supervisors Checklist *[N.B. section to be completed by applicant's Clinical Supervisor]*
- Section V:** Re-accreditation Criteria

SECTION I:

Name:

Address:
.....
.....

Tel No.: **Daytime:**.....

Evening:.....

Mobile:.....

E-mail:

Qualifications:
.....

Core Profession:

Name of EMDR Europe Approved Consultant Supporting this Application:

.....



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SECTION II: THE FOLLOWING CRITERIA FOR ACCREDITATION, WHICH ARE STANDARD ACROSS EUROPE, HAVE TO BE MET. PLEASE READ THE ACCOMPANYING NOTES AND CONSIDER THE FOLLOWING:

<i>Please Circle</i>		
1. Are you a member of the EMDR UK & Ireland Association?	YES	NO
2. Have you enclosed a copy of either your Level 2 or Part III certificate?	YES	NO
3. Additionally have you enclosed copies of a current license/verification/registration as a mental health professional recognised by EMDR UK & Ireland Association?	YES	NO
4. Have you completed two year's experience post qualification under (3)?	YES	NO
5. How many years experience have you had after completing an EMDR Europe approved training? <i>At least two years is required post completion of either Level 2 or Part III training?</i>	Total =	
6. Stated how many EMDR sessions have you conducted (minimum 300 ¹ - Corroborated by an Accredited EMDR Europe Consultant)? <i>(Please provide details utilising the enclosed record form).</i>	Total =	
7. How many clients have you treated with EMDR (minimum 75 ² - Corroborated by an Accredited EMDR Europe Consultant)? <i>(Please provide details utilising the enclosed record form).</i>	Total =	
8. Submit either <i>TWO video recordings, or two sessions 'In Vivo'</i> . One video/ Viva session must be evidence of clinical work, and the second video/ Viva session of your clinical supervision /consultation practice of other EMDR clinicians to an Approved EMDR Consultant?	YES	NO

¹ NB - This is 300 hours Post Practitioner Accreditation
² NB - This is 75 Clients Post Practitioner Accreditation



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9. Stated how many hours of Supervision of supervision you have received from an approved EMDR Europe Approved Consultant (Minimum 10 hours - Corroborated by an Accredited EMDR Europe Consultant)?	Total =	
10. Have enclosed a reference of recommendation from an Approved EMDR Consultant regarding your professional utilisation of EMDR in practice, Clinical Supervision, Consultation, ethics in practice and professional character? (Please refer to Section IV)	YES	NO
11. Have undertaken a formal Consultant Training Programme with a recognised EMDR Training Institution	YES	NO
12. Have enclosed a cheque payment for £80 , made payable to 'EMDR Association UK & Ireland' (non refundable)?	YES	NO
13. Stated your supervisor's name and address and contact details?	YES	NO
14. Aware that Certification will be renewed and reviewed every 5 years. This will require documentation of CPD (continuing professional development). The current requirements for this as laid down by EMDR UK & Ireland are 'THE BIRMINGHAM CRITERIA' (Refer to Appendix V).	YES	NO





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SECTION III: RECORD OF CLINICAL CONTACTS
[FOR BOTH PRACTITIONERS AND CONSULTANTS:]

CLIENT'S NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	NUMBER OF SESSION	SETTING WHERE TREATMENT TOOK PLACE
Total =			Total =	

Name and Signature of Supervisor	Name and signature of Applicant	Date

[Please duplicate this page as necessary]



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SECTION IV: EMDR CLINICAL SUPERVISOR/ CONSULTANT REFERENCE GUIDELINES & CHECKLIST FOR SUPERVISEE ACCREDITATION FOR CONSULTANT

EMDR CLINICAL SUPERVISOR/ CONSULTANT ACCREDITATION REFERENCE GUIDELINE AND CHECKLIST	EMDR CLINICAL SUPERVISOR/ CONSULTANT COMMENTS & EVIDENCE ³
1. Supervisee demonstrates a grounded understanding of the theoretical basis of EMDR	
2. Ability to ascertain an appropriate history from the client, including the following: <ul style="list-style-type: none"> • Client selection • Identification of safety factors • Treatment planning • Past, present & future targets • Prioritising • Clustering 	
3. Client preparation for undertaking EMDR <ul style="list-style-type: none"> • Therapeutic alliance • Informed consent • Bilateral Stimulation Testing (BLS) testing • Stabilisation & self-regulation • Ability to address client's fears 	
4. Assessment <ul style="list-style-type: none"> • Selecting target images • Identifying the negative & positive cognitions within same domain • Validity of positive cognition scale • Emotional naming • Estimating Subjective Units of Disturbance [SUD's] • Identifying body sensations 	

³ EMDR Clinical Supervisor/ Consultant comments adjusted to supervisee's client group



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<p>5. Desensitisation</p> <ul style="list-style-type: none"> • BLS technique • Post saccadic set interventions • Use of reassurance to client • Maintaining momentum • Returning to target • Clinician observation factors during BLS sets • Managing blocks • Utilising cognitive interweaves • Heightened levels of affect 	
<p>6. Installation</p> <ul style="list-style-type: none"> • Return to the positive cognition • Utilisation of the Validity of Cognition scale • Maintains speed of BLS set • Monitors re-emergence of any disturbance 	
<p>7. Body Scan</p> <ul style="list-style-type: none"> • Preparedness for further material to surface 	
<p>8. Closure</p> <ul style="list-style-type: none"> • Allows time for closure • Utilisation of the debrief • Managing incomplete sessions • Containment exercises 	
<p>9. Re-evaluation of previous session</p> <ul style="list-style-type: none"> • Returning to previous targets • Identifying client evidence of re-adjustment 	
<p>10. Supervisee demonstrates an understanding of Dissociative processes</p>	
<p>11. Context within which the supervision took place:</p> <ul style="list-style-type: none"> • Face to face [individual] • Face to face [Group] • Telephone 	



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<ul style="list-style-type: none"> • Email • Other <p>Please specify the number of sessions undertaken?</p>	
<p>12. CLINICAL SUPERVISION SKILLS: The applicant must demonstrate the following attributes within their provision of clinical supervision/consultant to their supervisees both within the consultation sessions themselves, but also from the Consultant reviewing either TWO video recordings, or sessions ‘In Vivo’ of the applicant’s clinical supervision /consultation practice of other EMDR clinicians:</p> <ul style="list-style-type: none"> • Demonstrate their expertise and experience in EMDR • Evidence in providing an effective, safe and supportive supervision relationship • Ensures EMDR treatment fidelity • To confirm that the supervisee is practising in accordance within the Associations Code of Ethics • Consideration is given to areas such as <ul style="list-style-type: none"> - Client and clinician safety - Maintaining effective boundaries - Appropriate referral on if necessary - Cultural awareness and diversity - Health promotion 	

⁴ A Combination of one video and one viva is permissible



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13. Please provide information surrounding both the character of the applicant and whether you support their application in seeking accreditation as an EMDR Consultant?

14. Statement from Supervisee on their experience of EMDR Clinical Supervision/ Consultation:

I confirm that the Applicant for Accreditation for EMDR Europe Approved Consultant has completed a minimum of 10 Hours Supervised Practice of their Clinical Supervision/ Consultation, and has undertaken a formal Consultant Training Programme with a recognised EMDR Training Institution:

EMDR Clinical Supervisor/Consultant Signature:

Please print name: Date:

Supervisee's Signature: Date:

Supervisors Contact Details:

Please note that incomplete applications will be returned to applicants. It is essential that in order to consider your application thoroughly please ensure that all necessary information is provided.

Thank you for your application.

Dr Derek P. Farrell

Chair EMDR UK & Ireland Accreditation Committee



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SECTION V:
RE-ACCREDITATION CRITERIA FOR EMDR ASSOCIATION UK & IRELAND
ACCREDITED PRACTITIONERS AND CONSULTANTS
[BIRMINGHAM CRITERIA – RATIFIED VERSION NOVEMBER 2006]

1. In order to seek re-accreditation with EMDR UK & Ireland, applicants must be paid up members of the Association.
2. Individual practitioners are responsible for their own continuing professional development (CPD) throughout the entire five-year registration period and must provide evidence of a minimum of **25 HOURS** of continual education relating to EMDR.
3. Re-accreditation applicants will be subjected to peer-review providing two letters of recommendation from EMDR UK & Ireland Consultants surrounding the applicants standing and contribution within the field of EMDR. However one of the Consultants must be in a position to comment upon the applicants ability as an EMDR practitioner and if applicable their role as a Consultant in offering Clinical Supervision to other EMDR practitioners.
4. Applicants must provide evidence of **at least three** of the following activities to cover the previous five year registration period:
 - a. Attendance and/or participation in EMDR trainings
 - b. Attendance and/or participation in area related trainings
 - c. Attendance and/or participation in conferences
 - d. Attendance and/or participation in EMDR focussed workshops
 - e. Attendance and/or participation in area related workshops
 - f. Involvement in both the provision and receipt of EMDR Clinical Supervision
 - g. EMDR Case Consultation
 - h. Relevant publications relating to EMDR
 - i. EMDR research focused activity
 - j. Contribution to raising the profile of EMDR
5. **All applications will then be considered through the EMDR UK & Ireland Accreditation Committee. If successful the period of renewal will be for a further five-years.**

November 2006

Dr Derek P. Farrell
Chair EMDR UK & Ireland Accreditation Committee