

Application for Therapist Certification

to be submitted to AEDP Institute; send to carolynf@aedpinstitute.org

Section 1 Verifying Level 3:

ARE YOU READY FOR AEDP CERTIFICATION LEVEL FORM

Please indicate date of completion of the following course requirements		nee
Immersion Course		
Essential Skills I		
Advanced Skills Modules Need 5 to complete level.		
Supervision Hours: Please indicate name of supervisor, dates of supervision and total number of hours. If you have multiple supervisors, please use a separate line for each one. YOU MUST HAVE WORKED WITH 2 DIFFERENT SUPERVISORS- if you have not, you must find a certification supervisor who is different from your level 3 supervisor		Total hours
Individual Supervision		
Individual Supervision		

Group Supervision		
Group Supervision		
Core Training Year 1/ now group supervision		

Section 2 Personal Information:

1) Your Name

2) Highest Education Degree Achieved:

3) Years of Experience in Clinical Practice:

4) License information: State/Province/Country, License Type / Board, License Number

(ex: NY, USA, LCSW, #12345LC)

5) Home Mailing Address:

7) Email: _____

Phone _____

8) First Language: _____

other languages spoken: _____

9) Please list all the AEDP Supervisors/ Mentors you have worked with

10) Will the clinical session videos you submit in your Certification Package be therapy done in English?

_____ Yes - I do my therapy (mostly or all) in English

_____ No they will be in (please provide language) And I will submit English Transcripts

11) **Who have you chosen for your Certification Supervisor?**

Your Certification supervisor will work with you for ***a minimum of 10 hours*** (it could take much longer depending on your readiness) helping you identify the best clinical videos for you to use for your certification package and making sure that your certification package is complete.

Click [here](#) for the guidelines for Certification and the requirements for your certification package

Thank you