



**Application for Evergreen Certified EMDR Clinician (EMDR-C)**

Date: \_\_\_\_\_

Name (as it appears on your license): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I attest to the following (please initial each):

\_\_\_\_ I am a state or nationally licensed (or equivalent outside the U.S.) professional as outlined in criterion 1.1 of the certification standards

\_\_\_\_ My professional license is current and in good standing as outlined in the [Evergreen Certifications Code of Ethics](#)

\_\_\_\_ I have completed the required 42 education hours as outlined in criterion 2.1 of the certification standards (attach corresponding CE documentation)

\_\_\_\_ I have read at least 2 practitioner books on the practice of EMDR as outlined in criterion 2.3 of the certification standards. The two books I have read are:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I have participated in 15 EMDR case consultation sessions and have had a client session reviewed by a consultant as outlined in criterion 3.0 of the certification standards (attach Consultation Form). These are the dates I participated in consultation:


I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my licensing board may be contacted.

I understand that information submitted with this application may be verified for accuracy by Evergreen Certifications. I also agree to contact Evergreen Certifications if I no longer meet the requirements to be an Evergreen Certified EMDR Clinician.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_