

## IATP-C Certification Form

Name \_\_\_\_\_ Tele: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

License Type: \_\_\_\_\_

Please submit and attach the following with this completed form

- Documentation of completion of standard EMDR certification through EMDRIA
- A letter, written by you, stating you have practiced the IATP-C with at least 5 families and with a minimum of 30 therapy sessions
- Two letters from colleagues attesting to your ethics in practice and professional character

Please complete the following information

Dates and location of participation IATP-C training:

Dates of 12 group or individual consultation hours (up to 6 may be group) with an IATP-C certified clinician

Dates of individual consultation:

Dates of group consultation:

I, \_\_\_\_\_ affirm that I have completed 12 consultation hours (no more than 6 groups) with an IATP-C certified clinician (who is also an EMDRIA approved consultant) and have practiced the IATP-C with at least 5 families.

Please email [adecapp@thecordco.com](mailto:adecapp@thecordco.com)