

International Association of Eating Disorders Professionals
PO Box 1295 / Pekin, IL 61555-1295
Tel. (800) 800-8126 / Fax (800) 800-8126
Email: iaedpmembers@earthlink.net / Website: www.iaedp.com

Appendix E: Application for Renewal of Certification

*All professionals certified through IAEDP **MUST** maintain their IAEDP membership. A lapse and/or delinquency in said membership can and will result in a suspension of certification until the account has recovered from its delinquent status.

I. Identifying Information

Name: _____ Degree(s): _____

Type name as you would like it to appear on the certificate License(s): _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Country: _____

Job Title: _____

Employer Name: _____

Work Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Country: _____

E Mail Address: _____ Fax: () _____

II. Academic Information

List any academic degrees earned since being granted certification or since last renewal: **Submit Copy**

List any licenses or certificates awarded since being granted certification or since last renewal, where held or awarded, dates awarded: **Submit Copy**

License/Certificate	Where Held or Awarded	Date
_____	_____	_____
_____	_____	_____

III. Any ethical, legal, or professional proceedings, ethical hearing, malpractice, etc. since being granted certification or since last renewal? Yes _____ No _____

If yes, please explain: _____

IV. Honors, Awards, Publication

List any honors or awards received since being granted certification or since last renewal including Places and dates of honors or awards, and publications (including reference citations).

V. Memberships and Affiliations

List current memberships in professional associations, committees, societies, boards, etc. including Types of membership (i.e., member or associate), status (i.e., active or inactive) and dates of memberships:

Association/Society	Types of Membership	Status	Dates

VI. Continuing Education – 20 Approved CEU’s/Hours Required

Satisfactory completion of 20 hours of continuing education in eating disorders or closely related topics approved by the association, during the previous period of certification. Examples of the subject matter that is related to Eating Disorders include, but are not necessarily limited to: psychotherapy techniques that can be applied to those suffering from eating disorders; psychological disorders common in persons with eating disorders, such as child sexual abuse, depression, obsessive compulsive disorder, substance dependence, etc; physical problems commonly seen in persons with eating disorders, including obesity, malnutrition, dental problems, medical problems present with persons with eating disorders, etc. and similar topics. **A COPY OF THE ACTUAL CEU CERTIFICATE IS REQUIRED FOR EACH SEMINAR SUBMITTED.**

VII. Additional Required Documentation

- _____ A. Enclose non-refundable application fee to cover cost of processing (see appendix H-1: Fee Structure).
- _____ B. Enclose copies of Certification of Completion for all continuing education courses or workshops listed on the application (20 approved CEU/contact hours).
- _____ C. Enclose copies of all current licenses and certifications. Licenses and certifications submitted for **IAEDP** certification and/or recertification **MUST BE MAINTAINED**.

VIII. Signature required Either A or B

- A. ETHICS STATEMENT TO **HEALTH CARE PROFESSIONALS** (as defined on page 6IV.A)

I have read and understood my profession's Code of Ethics and I agree to conform to these.

Signature _____ Date: _____

OR

- B. ETHICS STATEMENT TO **NON HEALTH CARE PROFESSIONALS** (as defined on Page 7IV C.)

I have read and understood the Ethical Principals of Psychologists and Code of Conduct Published by the American Association and I agree to conform to this code.

Signature _____ Date: _____

IX. Signature Required

In affixing my signature to this application, I certify that all statements made herein are true to Best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Member No. _____

CEDS _____ CEDA _____

Expires: _____

Date Processed: _____

Recorded in Database _____/Recorded in Manual _____