

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 A: Application for Certification
(Must be typed)

Applying for:

CEDS

CEDRD

I. Identifying Information

Female

Male

Name
(Type name as you would like it to appear on your certificate.)

Home Address

Telephone

Fax

Degrees / Licenses

Email

Work Address

Telephone

Fax

Employer Name

Job Title

II. Education

List highest education degree held, major subjects, where received, and dates. (Highest or most recent listed first.):

Grade/Degree	Major	Institution	Date Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBMIT IN QUADRUPPLICATE
MUST BE TYPED



List licenses or certificates held, where held or awarded, dates awarded (note: a certificate indicates certification of competence or expertise, not merely the awarding of a paper certificate upon completion of a workshop):

License/Certificate	Where Held or Awarded	Date

If presently enrolled in school, list school, address, and present status (i.e. units completed and time to graduation or completion):

List courses completed as part of an eating disorders certificate program approved by IAEDP, or their equivalents, where completed, when completed, and number of semester or quarter units:

Course Completed	Where Completed	Date	Units

Check only those items below that apply to you:

- I have completed an Approved Eating Disorders Certificate Program.
- I have completed an Associate (2 year) Degree or College Certificate Program in a Related Area (Alcoholism Certificate: Associate Degree in Psychology, Human Services, etc):
Specify: _____
- I am a Certified Alcoholism/Drug Abuse Counselor:
Specify date certified and where awarded: _____

- I have completed a Bachelors (4 year) Degree in a Related Area: Specify: _____
- I am a Certified Activities Therapist (Art, Music, Recreation, etc.)
- I am a Licensed Practical or Vocational Nurse.
- I am a Registered Nurse.
- I am a Registered Dietician.
- I am a Registered Occupational Therapist.
- I am a Certified Clinical Mental Health Counselor (Certified by the National Academy of Certified by the National Academy of Certified Clinical Mental Health Counselors).
- I have completed a Masters Degree in a Related Area: Specify: _____
- I have an active Masters Level License in a Related Area (Marriage & Family Therapist, Licensed Clinical Social Worker, Mental Health Counselor, Nurse Practitioner, etc.):
Specify: _____
- I am a National Certified Counselor (Certified by the National Board of Certified Counselors).
- I have completed a Doctoral Degree in a Related Area (Clinical or Counseling Psychology, Medicine, Counseling, Social Work, etc.):
Specify: _____
- I have an active Doctoral Level License in a Related Area (Physician, Psychologist, etc.):
Specify: _____
- I have attained Postdoctoral Specialization or Diplomate Status (Board Certified Psychiatrist, Psychologist, etc.):
Specify: _____

List any honors or awards received (including places and dates of honors or awards), and publications (including full reference citations):

(Use extra sheets as necessary and attach to application).

XI. SIGNATURE REQUIRED EITHER A OR B

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

I have read and understand 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 7 IV.C)

I have read and understand the Ethical Principles of Psychologists and Code of Conduct (see appendix I) published by the American Psychological Association and I agree to conform to this code.

 Signature: _____ Date: _____

XII. SIGNATURE REQUIRED

In affixing my signature to this application, I certify that under penalty of perjury that all statements made herein are true to the best of my knowledge. I also certify that I have read, and agree to abide by, all stipulations of the eating disorders certification contained within the certification manual. In addition, I understand that certification as a CEDA or CEDS is not to be construed as a license to practice as a health care professional, nor authorization to collect fees for services.

 Signature: _____ Date: _____