

International Association of Eating Disorders Professionals
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Tel. (309) 346-3341 / (800) 800-800-8126 / FAX (309) 346-2874
Email: info@iaedp.com Website: www.iaedp.com

Renewal Application Form for Approved Supervisor

NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
TELEPHONE: (____) _____ **FAX:** (____) _____
E MAIL ADDRESS: _____

PLEASE LIST ALL WORK EXPERIENCE DURING PAST TWO YEARS:

PLEASE LIST ADDITIONAL ACADEMIC TRAINING RECEIVED DURING THE PAST TWO YEARS:

PLEASE LIST ALL LICENSES AND/OR CERTIFICATION CURRENTLY HELD:

PLEASE EXPLAIN THE AREA OF YOUR EXPERTISE (eg. Individual, group, family, etc.):

PLEASE EXPLAIN YOUR THEORETICAL ORIENTATION (Cognitive behavioral, Psychodynamic, Family systems, etc.):

HAS THERE EVER BEEN ANY ETHICAL, LEGAL, OR PROFESSIONAL, ETHICAL HEARING, MALPRACTICE, ETC. BROUGHT AGAINST YOU? (Must circle one): YES NO
If yes, please explain (use additional pages if necessary):

REQUIRED DOCUMENTATION:

- Yes. I am a CEDS/CEDS-N in good standing. My Certification # is _____.
- Yes, I am an iaedp™ Member in good standing. My Member # is _____.
- Yes. I have enclosed a current copy of my C/V.
- Yes. I have enclosed copies of my recent licenses.
- Yes. I have enclosed a copy of my current malpractice insurance policy.
- Yes. I have enclosed a renewal fee of \$ 125.00


SIGNATURE:

I do attest that the information provided on this application is true and correct to the best of my knowledge. I will abide by the requirements of iaedp™ related to applicant certification and generally accepted principles of supervision, professionalism, ethics, and practice standards.

 Signature: _____ Date: _____

SIGNATURE:

I have checked with my local licensing board and/or malpractice insurance carrier and I may provide consultations and supervision to iaedp™ members.

 Signature: _____ Date: _____