

International Association of Eating Disorders Professionals
P. O. Box 1295 / Pekin, IL 61555-1295
Office: (309) 346-3341 / (800) 800-8126 / Fax (309) 346-2874
Email: info@iaedp.com / Website: www.iaedp.com

Appendix J: Application for CEDS / CEDRD Equivalency Certification

Applying For:

CEDS **CEDRD**

I. Identifying Information

_____	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Name (Print or type name as you would like for it to appear on certificate)		
_____	_____	_____
Home Address	Telephone	
_____	_____	_____
Degrees/Licenses	Fax	_____
_____	_____	_____
Work Address	Email	_____
_____	_____	_____
Employer Name	Telephone	_____
	Fax	_____
	_____	_____
	Job Title	

II. Education

List all degrees held with highest or most recent listed first:

DEGREE	MAJOR	INSTITUTION	DATE AWARDED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

LICENSE/CERTIFICATE	WHERE HELD OR AWARDED	DATE RECEIVED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Behavioral, Skills and Core Curriculum Equivalency Requirements
Demonstrated by degree and by one or more of the following (check all that apply and provide documentation to support):

- Significant history of presentation at eating disorder conferences
- Significant history of published books, book chapters, peer-reviewed or trade articles on eating disorders
- Academic affiliation and instruction in eating disorders
- Participation in eating disorders research

IV. Case Study Equivalency Requirements
Demonstrated by two or more of the following:

- Supervised others who treat eating disorders for at least 5 years
- Significant history of presentation on clinical topics at eating disorder conferences
- Significant history of published books, book chapters, peer-reviewed or trade articles on eating disorders
- Academic affiliation and instruction in eating disorders
- Participation in eating disorders research
- History of program development in eating disorders

V. Supervision Equivalency Requirements

- Has supervised others who treat eating disorders for at least 5 years

VI. Signed Ethics Statement

- Signed statement of ethical practice principles

VII. iaedp™ Symposium Attendance Requirement

iaedp™ Board deems that applicant demonstrates an active commitment to iaedp™ and/or the profession of eating disorders, as evidenced by at least one of the following:

- Active role in iaedp's™ committees, Board, planning, promotion, etc.
- Active role in committees, Boards, planning and/or promotion of one or more professional associations (other than iaedp™) concerned with eating disorders

VIII. CEU Equivalency Requirements

Demonstrated by one or more of the following:

- Individual's continued attendance and/or presentation at eating disorder conferences
- Individual's continued publication of books, book chapters, peer-reviewed or trade articles on eating disorders
- Individual's continued academic affiliation and instruction in eating disorders
- Individual's continued participation in eating disorders research
- Individual's continued presence in the media as an eating disorder expert
- Individual's continued appearance in courts of law as an expert witness regarding eating disorders

IX. iaedp™ Membership Requirement

If not currently a member, applicant agrees to join **iaedp™** within 90 days of receipt of CEDS / CEDS-N. Applicant agrees to maintain **iaedp™** membership for minimum of 3 years following receipt of certification.

X. Required Documentation

- Member - YES / NO
iaedp™ Membership # _____
- Enclose two (2) passport size photographs of applicant
- Arrange for three (3) letters of recommendation to be sent by persons familiar with your work and/or your contributions to the field of eating disorders. No letters submitted may be written by a client/patient.
- Enclose photocopies of all relevant licenses and certifications
- Signed **iaedp™** "Professional Code of Ethics" Statement
- \$ 150 Equivalency Application Fee
Note: \$ 100.00 of Application Fee will be refunded if Equivalency Application is not approved for CEDS/CEDRD. Refund will be sent by check to the applicant within 30 days after the **iaedp™** office has been notified by the Certification Committee that the application was denied.

Applicant understands this is a perpetual certification revocable only by **iaedp™ Board** action. An **Application for Renewal of Certification (Appendix E)** providing updated information is required every two years (fee associated).

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

Signature _____ Date: _____

For **iaedp™** office use only:

Application received _____ APPROVED / DENIED _____
Date Staff Initial Date



iaedp™ Professional Code of Ethics Statement

Signature Required Either A *or* B

- A. ETHICS STATEMENT TO HEALTH CARE PROFESSIONALS (as defined on page 6 IV.A of the Certification Manual)

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

Signature: _____

Date: _____

- B. ETHICS STATEMENT TO NON-HEALTHCARE PROFESSIONALS (as defined on page 7 IV.C of the Certification Manual)

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

Signature: _____

Date: _____