



Equivalency Certification Application

www.iaedp.com

certification@iaedp.com

Dear iaedp™ Equivalency Certification Applicant,

Welcome! You have now begun the process of becoming a Certified Eating Disorders Specialist (CEDs), Certified Eating Disorders Registered Dietitian (CEDRD), Certified Eating Disorders Registered Nurse (CEDRN), or Certified Eating Disorders Creative Arts Therapist (CEDCAT). First established in 2002 to enhance the education of multidisciplinary professionals, the iaedp™ Certification has now become the only internationally-recognized credential signifying competence in treating feeding and eating disorders. We respect and value that you have chosen to pursue your iaedp™ Certification and to join the ranks of other distinguished professionals.

This iaedp™ Equivalency Certification application is for professionals with long-standing expertise in the field of feeding and eating disorders per the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Please note that at least seven years and 10,000 hours of experience in this field are prerequisites to qualify for this equivalency path. THIS ROUTE WILL BE DISCONTINUED AS OF DECEMBER 31, 2020, at 11:59pm. All applications that have not clearly met these requirements before this date must adhere to the Traditional path.

To apply for the CEDs, CEDRD, CEDRN, or CEDCAT certification using this iaedp™ Equivalency Certification application, **first** choose your designation:

- The CEDs is for a Master's level therapist or counselor, Doctor of Philosophy (PhD), Doctor of Psychology (PsyD). **Medical Equivalency Applicants** such as Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Naturopathic Doctor (ND), Physician Assistant (PA), and/or Nurse Practitioner (NP), please email Certification@iaedp.com for the Medical CEDs application.
- The CEDRD is for a Registered Dietitian (RD)/Registered Dietitian Nutritionist (RDN).
- The CEDRN is for a Registered Nurse (RN), minimum of Bachelor's Degree.
- The CEDCAT is for a Music, Art, Recreation, or Dance/Movement Therapist (CAT).

Next, verify that you have practiced a minimum of seven years and have at least 10,000 hours of experience in the field of feeding and eating disorders. These experience hours only count after your formal qualification, thus:

- For master's level therapists, after your state licensure or registration number was acquired, post-graduation.
- For psychologists, after your American Psychological Association accredited internship began.
- For RD/RDNs, after you were registered through CDR.
- For medical providers, after your state-issued licensure was acquired.
- For RNs, after your state-issued licensure was acquired.
- For CATs, after you received your certificate to practice issued by the appropriate Certification Board (Certification Board for Music Therapists [CBMT], Art Therapy Credentials Board [ATCB]; National Council for Therapeutic Recreation Certification [NCTRC] or Dance Movement Therapy Certification Board [DMTCB]).

Finally, here are five of the most frequently asked questions about this iaedp™ Equivalency Certification process and the answers you'll want to know.

1. **Question:** Do seven years of treating people with eating disorders in a private practice setting typically fulfill the 10,000-minimum-hour requirement?

Answer: It depends. Hours are based on actual work within the eating disorders field, therefore if someone has a lower quantity of patient cases and other work within the field is they will need more than 7 years to reach the 10,000 hours

2. **Question:** What counts as having “directly supervised others.”

Answer: This can depend on both your discipline and duration licensed, credentialed, or certified. Ideally, “directly supervising others” means leading the supervision of a treatment team or other practitioners (e.g. a licensed therapist or psychiatrist commonly supervises treatment teams or other practitioners). In reality, not all disciplines typically lead supervisions, but your role may qualify as “directly supervising” (e.g. a nurse who does not lead the treatment team but actively provides medical leadership and supervision within the team may suffice). Include everything you feel is pertinent to satisfying this requirement in your application. Also, the Supervision Equivalency hours can begin accruing once a practitioner has received their full, permanently renewable license, credential, or certification (titles vary by discipline and jurisdiction); for example, a California MFT Associate cannot begin to accrue their Supervision Equivalency hours until they are licensed as an MFT. This can delay eligibility for the iaedp™ Equivalency Certification.

3. **Question:** Do the five years required for providing supervision need to be consecutive.

Answer: No, they do not.

4. **Question:** What if I have experience in more than the four categories required to satisfy the Behavioral Skills, Core Curriculum, and Case Study Equivalencies?

Answer: Share anything and everything that seems relevant, no matter how much you did or how long ago it was. Your iaedp™ Equivalency application needs to substantiate your exceptional dedication to the field of feeding and eating disorders and also verify that the iaedp™ Traditional Application is not a better route for you.

5. **Question:** What if I can't remember exact information, titles, or dates?

Answer: Do your best, and let us know when something is approximate. We, the reviewers, recognize that practitioners with long careers may not have maintained older records.

To qualify for receiving your CEDS/RD/RN/CAT through the iaedp™ Equivalency Certification route, you must be able to demonstrate eating disorders proficiency and expertise through a range of requirements.

Familiarize yourself with this document in its entirety. If you have questions about this process, please ask the Certification Committee via certification@iaedp.com.

Thank you for your efforts in pursuing the iaedp™ Certification and your commitment to providing patients with the highest standards of care in treating eating disorders. We look forward to reviewing your completed application.

Sincerely,

Your iaedp™ Certification Committee

IMPORTANT: Download this application form to your device before completing.
Fields completed in the browser tab do not save.

INSTRUCTIONS:

All sections must be completed in type (handwritten applications will be returned to applicant) .
Use full titles where applicable (e.g. organizations, conferences, etc.).

Application for: CEDS CEDRD CEDRN CEDCAT

(If you are a medical professional, please email Certification@iaedp.com for medical professional application).

I. Identifying Information

Name	Mailing Address	Phone number(s)	Email
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Degrees/Licenses

Employer(s)	Job Title(s)	Work Address(es)	Work Telephone(s)
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II. Statement of Intent

Provide your reason(s) for seeking certification. your interests in the field of eating disorders treatment, and how your work with an iaedp-Certification will enhance or contribute to the field (150 word limit)

III. Treatment Approach

Name which feeding and eating disorders diagnoses you most commonly treat, and summarize your theoretical orientation and/or treatment philosophy. (150 word limit)

IV. Overview

Check all items below that apply:

- I have completed a four-year bachelor's degree.
- I have completed a master's degree.
- I have completed a doctoral degree.
- I have attained postdoctoral specialization or diplomat status (e.g., Board Certified Psychiatrist,

Board Certified Psychologist, etc.).

- I am a licensed health care professional within my discipline.
- I am an RD/RDN.
- I am an RN with minimum of a Bachelor's degree.
- I am a certified Music, Art, Dance Movement, or Recreation Therapist. I have attained additional certification(s).

V. iaedp™ Equivalency Certification-Specific Curriculum Vitae (CV)

Provide information from your current CV into the format below for the iaedp™ Equivalency Certification-Specific Curriculum Vitae (CV) This includes information both related and unrelated to the field of feeding and eating disorders. Highlight or bold all work, publications, presentations, volunteer activities, memberships, and other supporting activities that are specific to feeding and eating disorders. In cases where the requested information cannot be provided with exactness, please indicate what is approximate or to the best of your recall. Insert "n/a" or "none" where applicable. Submit this iaedp™ Equivalency Certification-Specific CV with your application.

- A. **Name**
- B. **Licenses/Certifications** List your licenses and/or certifications held. Include any license or certification acquired postgraduate school with state-issued number, indicate if provisional or temporary, awarded by, and date awarded. Submit copies of licenses/certifications with your application.
- C. **Education** List your higher education degree(s), with the most recent first. Include each major declared/obtained, institution, and date awarded. If currently pursuing further education, indicate predicted date of completion.
- D. **Employment History** List your positions held. Include job title, employer, and dates of employment. If position or job title is not self-explanatory, include a description of your role(s).
- E. **Publications** List your publications using full references. Include published books, scholarly and trade articles, consumer publications, etc.
- F. **Presentations** List presentations you have given. Include purpose, name of organization or association for which you presented, general level of experience of audience (e.g., professionals, community members), approximate number in attendance, and any additional relevant information.
- G. **Media and Public Appearances as Mental Health or Medical Expert** Provide applicable information.
- H. **Academic Affiliation and Instruction** Provide applicable information.
- I. **Research** Provide applicable information
- J. **History of Program Development** Provide applicable information.
- K. **Memberships** List your memberships of professional associations related to eating disorders (e.g., committees, societies, boards, clubs, etc.). Include name of association/society, type of membership (member or associate), status (active or inactive), and dates of membership.
- L. **Volunteer Work** List your volunteer work. Include brief description if not self-explanatory, describing the nature of the work, the organization, date(s), and number of service hours.
- M. **Honors and Awards** List your honors/awards received. Include brief description if not self-explanatory, the organization presenting, and date of the honor/award.
- N. **Additional Information** List additional information you would like the iaedp Certification Committee to know about your clinical work and eating-disorder-related experiences.

VI. iaedp™ Equivalencies and Active Commitment Requirement

In a separate document, complete the following sections. Include your name, and label each section. All fields must be included (A–E). Submit the Equivalencies and Active Commitment Requirement with your application.

- A. Experience Equivalency.** Verify your seven-year-minimum/10,000 hours of experience in the field of feeding and eating disorders per the DSM-5 (anorexia nervosa [AN], bulimia nervosa [BN], binge-eating disorder [BED], avoidant/restrictive food intake disorder [ARFID], pica, rumination disorder, other specified feeding and eating disorders [OSFED], and/or unspecified feeding and eating disorders [UFED]). Please include the following details: facility/setting name; level of care (e.g., residential, partial hospitalization, intensive outpatient, private practice); dates of your experience (start/end); position held/job title; and a brief description of your job responsibilities as they relate to the field of eating disorders. Please title this section: “A. Experience Equivalency.”
- B. Continuing Education (CE) Equivalency.** Verify attendance of at least 50 CE hours, in the last five years and specific to the treatment (therapy, nutrition, and/or medical care) of feeding and eating disorders per the DSM-5. Copies of certificates of completion are required for at least 20 CEs in the two years prior to your submission date. For CEs older than two years, a list/sampling might be sufficient. Include (to the best of your knowledge) titles, dates, locations, and number of hours awarded/involved. Please title this section: “B. CE Equivalency.”
- C. Supervision Equivalency.** Verify that you have directly supervised others who treat eating disorders for at least five years. List both supervision and consultation experiences you have provided. Please include the following details: location (e.g., outpatient practice, residential treatment facility), dates (start/end), frequency (hours per week), and category of professional (e.g., trainee, treatment team member, individual in private practice) you have supervised. Please title this section: “C. Supervision Equivalency.”
- D. Behavioral Skills Equivalency, Core Curriculum Equivalency, and Case Study Equivalency Requirements.** This must be demonstrated with (only) **four** of the following options; indicate which categories you have satisfied and provide information where applicable. Please title this section: “D. Behavioral Skills Equivalency, Core Curriculum Equivalency, and Case Study Equivalency Requirements.”
- History of professional publications specific to feeding and eating disorders.** To satisfy this category, you must meet a minimum of two professional publications in the last five years. Include published books, scholarly and trade articles, consumer publications, etc. (Provide full references).
 - History of professional presentations specific to feeding and eating disorders.** List presentations you have given. Include purpose, name of organization or association for which you presented, approximate number in audience, and any additional relevant information.
 - History of presence in the media** (other than postings of blogs and social media) as a feeding and eating disorder expert. (Provide titles, media sources, and a description of your roles/responsibilities).

- History of academic affiliation specific to feeding and eating disorders.**
Include instruction- or education-focused affiliations (e.g., guest lecturer with regular appointment, faculty for eating disorder coursework, etc.) relevant to eating disorders. (Provide titles, start/end dates, and a description of your roles/responsibilities).
- History of participation in research specific to feeding and eating disorders.** (Provide references and a description of your roles/responsibilities.)
- History of program development specific to feeding and eating disorders.**
(Provide program titles with a description of programs and your roles/responsibilities).
- History of lobbying and advocacy** regarding legislation which is specific to feeding and eating disorders. (Provide information that includes descriptions of your roles, responsibilities, and estimated hours involved).
- History of appearing in courts of law** as an expert witness regarding feeding and eating disorders. This can also include file reviews of cases specific to feeding and eating disorders. (Provide information that includes descriptions of your roles/responsibilities and estimated hours involved).
- History of participation in peer consultation, and/or professional development** activities specific to feeding and eating disorders. (Provide information that includes detailed descriptions).
- Having experienced at least an additional 10,000 practice hours** (20,000 minimum total career hours) specific to feeding and eating disorders. (Describe your roles, responsibilities, and activities in detail. Include your total number of career hours claimed. Sample follows: 15,000 additional hours/25,000 total career hours of experience]). For this option, the following two items must also be included:
 1. A letter from a CEDS-Supervisor (S), CEDRD-S, CEDRN-S and/or CEDCAT-S supporting and attesting to your excellence in current clinical work. (not needing to attest to the hours, only to the quality of work)
 2. Write and submit a case study (see Case Study Guidelines, iaedp™ Traditional Certification application).
- iaedp™ Core Courses.** Successful completion of the iaedp™ Core Courses satisfies this criterion (www.iaedp.com, refer to Certification/Online Institute). (Provide copies of your certificates of completion with your application.)

E. Active Commitment Requirement. List all volunteer work specific to the field of feeding and eating disorders. Include a brief description that details the nature of the work, organization, dates, and number of service hours. Title this section: “E. Active Commitment Requirement.”

VII. Letters of Recommendation (LOR)

List the names and credentials of your three LOR referees below. Submit the corresponding three LORs, specific to your eating disorders treatment expertise, with your application.

Guidelines

- Each LOR must be from a licensed or credentialed practitioner.
- At least one must be written by an experienced clinician within your discipline (e.g., psychologist for LPC).
- At least one must be written by a clinician whose discipline is different from yours and is typically included in a treatment team (e.g., MD for RDN).
- All must include the referee's authentic (not typed) signature, credentials, contact information, and place of employment.
- All must be sent directly to you (not to iaedp™) to be included in your application submission.
- None are allowed to be from your iaedp™-Approved Supervisor or personal therapist.

Referee 1:

Name, Credential(s)

Referee 2:

Name, Credential(s)

Referee 3:

Name, Credential(s)

VIII. Final Exam

Receive a passing grade on the iaedp™ Certification Examination (www.iaedp.com, refer to Certification/Online Institute). Submit the certificate of completion and proof of passing grade with your application. Passing score is valid for 2 year/24 months from date on certificate of completion.

IX. iaedp™ Membership Requirement

Provide iaedp™ membership number. Submit proof of current membership with your application.
iaedp™ membership number: # _____ (You must be a member of iaedp™ in order to apply for the CEDS/RD/RN/CAT.)

X. History of Arrests, Convictions, Disciplinary Proceedings, Ethics Hearings, Malpractice, etc.

List incident and/or charge, dates involved, and the outcome.

Incident/Charges	Dates	Outcome
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(If necessary, use additional pages and attach to your application.)

XI. Standards of Conduct, Disclosure, and Professional Code of Ethics

Have there ever been any ethical, legal, fraud, misrepresentation or professional malpractice claim(s) brought against you? This includes current charges or disciplinary action pending.

Yes No

If yes, please explain (include dates, claims, and outcomes):

Have you been denied a professional license, certification, registration, or permit?

Yes No

If yes, please explain:

Have you voluntarily surrendered or resigned any professional license, certification, registration, or permit?

Yes No

If yes, please explain:

(If necessary, use additional pages and attach to your application.)

XII. iaedp™ Professional Code of Ethics Statement. iaedp™ is committed to excellence in the ethical practice of professionals who treat people with eating disorders. Given the psychological, behavioral, social, cultural, medical, biological, familial, and legal complexities of working with people with eating disorders, iaedp™ strives to ensure all members have the appropriate training and competencies to function with the highest level of integrity in interactions with patients, families, colleagues, ancillary professionals, and the community. iaedp™ expects members to act in accordance with the ethics outlined by their respective disciplines and/or the American Psychological Association (APA). Ethical concerns brought to the attention of iaedp™ are reviewed by the Ethics Committee and recommendations are submitted to the Board of Directors for resolution.

Duty to inform. Members are required to advise iaedp™ staff in writing if they are cited for any ethical violation or charge by a licensing or certification board, agency, or organization, within 60 days of its occurrence. The reason for the citation and any supplementary information relevant to the charge should be included. Members are also required to advise iaedp™ of actions taken by the organizations involved and the resolution of the charge by the entity (or entities) involved. Such actions may lead to the suspension and/or termination of your membership, certification, and/or supervision privileges subject to review and determination by the managing director and board of directors.

Check this box to acknowledge understanding and agreement of the following: ***My signature at the bottom of this application denotes that I have read and understand my profession's Code of Ethics or, if applicable, that of the APA and that I agree to conform to these.***

XIII. Photograph Submit a photograph of you with this application.

XIV. Required Fee Submit a non-refundable fee of \$150 with this application.

XV. Renewal of Certification Policy

Every two years, the following are required for certification renewal:

- Verify active license, credential, or certification that permits you to practice.
- Provide copies of certificates of completion for 20 CE hours specific to the treatment (therapy, nutrition, and/or medical care) of feeding and eating disorders per the DSM-5. General topics such as mindful eating, picky eating, and general therapeutic modalities such as OCD or anxiety, may account for up to 5 hours of these 20 CEs. Required CE hours must have been acquired within your two-year renewal period.
- Submit a completed iaedp™ Application for Renewal of Certification with payment of \$150.00 prior to the expiration date of your certification. CEDS/RD/RN/CAT designation is not valid if expired.
- Symposium Attendance Requirement - To maintain/renew certification, certified professionals will obtain a minimum of 20 CE hours via iaedp Symposium attendance in a 4-year period (2 recertification cycles.) Please note, these symposium attendance hours can be applied to your current renewal application.

XVI. Late Renewal Policy

Late fee of \$125 will be incurred for renewals that have expired 30 days past after any CEDS/RD/RN/CAT certification or iaedp™ membership expiration date. Failure to renew within 90 days of either expiration date will result in revocation of your CEDS/RN/RD/CAT status. To use the CEDS/RN/RD/CAT designation again, a new application with all new corresponding documentation would then be required for committee review and potential approval.

In affixing my signature to this application, I certify, under penalty of perjury, that all statements made herein are true to the best of my knowledge. In addition, I understand that certification as a CEDS, CEDRD, CEDRN, or CEDCAT is not a license to practice as a healthcare professional or an authorization to collect fees for services. I accept that an iaedp™ Application for Renewal of Certification is required every two years (along with the applicable fee). I certify that all statements made herein are true to the best of my knowledge.

Signature:

Date: _____

(This must be time and date stamped or authentically hand signed by applicant – typed signatures are not valid)

XVII. Submit Online

Submission Portal: [Equivalency Application Submission Portal](#) Checklist for Items to Include:

- This application, completed in full
- iaedp™ Equivalency Certification-Specific CV
- Copy of current license(s)/certification(s)/credential(s)
- iaedp™ Equivalencies and Active Commitment Requirement
- Certificates of completion, CEs
- LOR (3)
- Documentation of passing iaedp™ Certification Final Examination
- Copy of iaedp™ membership
- Photograph (1)
- Non-refundable application processing fee of \$150.00
- Check here to note you have read and understand the following: ***Applications that are incomplete, inaccurate, or not meeting requirements will be returned to you. A processing fee of \$50 will be incurred at time of resubmission.*** Review carefully before submitting

Tips for online submission:

- Have all documents/files prepared and ready before logging into the [Equivalency Application Submission Portal](#). Information is not saved if you are interrupted during the process.
- You will need to scan sections with multiple pages (e.g., certificates of completion and licenses) to one PDF document per section. Please visit the online submission form for clarification.
- There is a 30mb limit for uploads.
- A confirmation of receipt of payment will inform you that your application was successfully submitted.

If you require an alternative form of submission, contact certification@iaedp.com or call 800-800-8126 x84.

Please allow up to 90 days from receipt for a complete review of this application.

- ***IMPORTANT:*** *Due to discontinuation of the Equivalency route as of 11:59pm on December 31, 2020, there may be an influx of applications. Therefore, reviews may take longer than 90 days.)*

Retain a copy of your submission materials for your records.

Thank you for your application!