



**Approved Supervisor Application**  
www.iaedp.com  
Tel. (800) 800-8126 x 87 / Fax (800) 800-8126  
Email: [certification@iaedp.com](mailto:certification@iaedp.com)

### **INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

1. Download and save this form to your computer
2. **Open and fill out in Adobe Reader** – the form will **not** fill in properly if it is filled out in browser or with any other software. If you do **not** have Adobe Reader it is a free download – [www.adobe.com](http://www.adobe.com)
3. Fill out **all** fields and save your document using File > Save As
4. Submit your form and application [online](http://iaedp.com/certification) at iaedp.com/certification.

**NOTE:**

Some fields the text may wrap below the visible box. If you are submitting your application online the committee will still be able to read your comments as the boxes will scroll.

Please be aware if you choose to print and mail your application you will need to submit additional pages for any text which falls outside of the form boxes, as these cannot be read in the printed version.

For faster processing we recommend submitting your application [online](http://iaedp.com/certification).



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***Application must be typed and hand signed***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**QUALIFICATIONS (Please check all that apply):**

I believe that I am qualified for the designation of supervisor by virtue of the following:

Required:

- I am a CEDS, CEDRD, CEDRN or CEDCAT.  
Designation \_\_\_\_\_ Year obtained: \_\_\_\_\_
- I am a professional with a minimum of 5 years of experience in the field of eating disorders and hold the appropriate state licensure, certification, registration or equivalent qualifications.
- I have had no fewer than 6,000 hours of work experience in the diagnosis and treatment of eating disorders.
- I am a current member of the International Association of Eating Disorders Professionals (iaedp™)

NOTE: If not a current member, a membership application can be submitted at the same time as you submit this application form. For membership application, see [www.iaedp.com](http://www.iaedp.com)

**PLEASE PROVIDE EXPLANATION OF 6,000 HRS+ OF EATING DISORDERS EXPERIENCE (Include title/position and location of employment as appropriate)**

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

Has there ever been any ethical, legal, or professional malpractice claims, etc. brought against you? (Must check one): Yes  No

If yes, please explain (use additional pages if necessary):

**DOCUMENTATION:**

- Enclose a current copy of your CV/resume.
- Enclose a copy of all current licenses or registrations.
- Enclose a copy of the first two pages of your current malpractice insurance policy that addresses actual coverage
- Enclose three (3) letters of recommendations from professional colleagues who are familiar with your work in the field of eating disorders. If you are applying for Certification simultaneously, you may use the same three letters of recommendation if at least ONE of those three letters addresses your skill as a supervisor. A current supervisee is not eligible to write a recommendation letter.
- Enclose the \$75 non-refundable, one-time application fee.

**SIGNATURES REQUIRED: (Hand signed)**

I 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™ as related to applicant certification and generally accepted principles of supervision, professionalism, ethics, and practice standards.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



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

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that iaedp™ will conduct random, routine audits on Approved Supervisors every two years. It is my responsibility to contact iaedp™ with any changes that occur in my contact information and/or my professional status.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**II. Submit Completed Application and Documents**

[Online](http://iaedp.com/certification) at iaedp.com/certification.

**Tips for online submission**

1. Have all documents ready before logging in. Process will not be saved if there is interruption.
2. Each section accepts one page- Sections with multiple pages (such as certificates) must be scanned to one document prior to uploading to the online application.
3. Documents scanned as photos are often too large. Files saved as JPG, PNG or TIF are often smaller. There is a 30mb limit for all uploads.

OR

Mail: For mailing instructions, contact [certification@iaedp.com](mailto:certification@iaedp.com) or call 800-800-8126 x84.

Please allow up to ninety (90) days from receipt for complete review of this application.