



International Association of Eating Disorders Professionals
PO Box 1295 / Pekin, IL 61555-1295
Tel. (800) 800-8126 / Fax (800) 800-8126
Email: info@iaedp.com/ Website: www.iaedp.com

Equivalency Certification Application
(Please type online and print finished copy)

Applying For:

CEDS **CEDRN** **CEDCAT**

I. Identifying Information

 (Print or type name as you would like for it to appear on your certificate, including credentials)

 Home Address

 Telephone

 Fax

 Degrees/Licenses

 Email

 Work Address

 Telephone

 Fax

 Employer Name

 Job Title

II. Education

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

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

List registration and licenses held, where held or awarded, dates awarded:

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

Briefly describe your theoretical orientation/treatment philosophy:

III. Verification of significant clinical experience in the field of eating disorders accrued over a minimum of five years or more *post-internship as an independent clinician (licensed, registered or equivalent)* NOTE: Applicants who practice in settings less intensive than those listed below may not qualify within the minimum 5-year time limit and will therefore need additional practice time within the field of eating disorders before eligible. (Check box below)

I attest by my signature below that I have accrued significant clinical experience in the field of eating disorders over a minimum of five or more years, *post-internship, as an independent clinician (licensed, registered or equivalent.)* Significant experience includes working at a residential treatment center or hospital dedicated to treatment of eating disorders, within a partial hospitalization program (PHP) or intensive outpatient program (IOP) or the equivalent within an outpatient treatment setting or practice.

Signature

Date

IV. Behavioral Skills Equivalency Requirements (Check all appropriate boxes)

Demonstrated by degree and by one (1) or more of the following options. Check all that apply and provide documentation to support. The Certification Committee recommends that you list your experiences, to include title, date and location as applicable, on a separate page under the title "Behavioral Skills Requirements". Your CV/resume should also support your application by documenting the specific equivalency experience(s) you have checked on this application:

- Significant* history of presentation at eating disorder-related workshops, conferences and events to include both professional and community speaking opportunities. (*Per the discretion of the Certification Committee in terms of the experience level of audience, size of venue and/or frequency of presentations)
- Significant* history of published books, book chapters, peer-reviewed or trade articles and consumer publications on eating disorders. (*Per the discretion of the certification committee in terms of the experience level of audience and/or frequency of presentations)
- Academic affiliation and instruction in eating disorders, to include adjunct professorship, guest lecturer, or program coordinator for educational institutions.
- Participation in eating disorders research

V. Supervision Equivalency Requirements (Check appropriate box)

As an independently licensed or registered clinician (post-internship), supervised others who treat eating disorders for at least 5 years. Application must include a separate page on which a list of supervision or consultation experiences are provided, noting location, dates (beginning and end), and to whom supervision was given. Supervision of or consultation with other eating disorder clinicians, including treatment team members from other disciplines as part of regular treatment team meetings in which patient care is discussed, clinicians with less experience in the field of eating disorders, and clinical interns working towards their licensure are examples of supervisory experience. Supervision includes formal or informal individual and/or groups, including patient care discussions within the treatment team. Note: you do not have to list individual names but can include the type of clinician(s) with whom you provided supervision/consultation. Two different examples follow:

To Whom:
Treatment team, to include
therapist(s), physician, nurse, RD interns

Dates:
May 2008-May 2013

Location:
Treatment Center

Jane Doe, therapy intern

April 2007- May 2008

My office

Your CV/resume should also support your application by documenting the supervision experiences listed under each area of employment.

- As an independent clinician (licensed, registered or equivalent, post-internship), supervised other clinicians who treat eating disorders for at least 5 years

VI. Core Curriculum and Case Study Equivalency Requirements (Check all appropriate boxes)

Demonstrated by two (2) or more of the following options. Check all that apply and provide documentation to support. The Certification Committee recommends that you list your experiences to include title, date and location as applicable, on a separate page under the title "Core Curriculum and Case Study Requirements". Your CV/resume should also support your application by documenting the specific equivalency experience(s) you have checked on this application. If a box checked below has already been checked and documented for another Equivalency Requirement category, simply note that the information has already been provided and can be found under another Equivalency Requirement.

- As an independent clinician (licensed, registered or equivalent, post-internship), supervised other clinicians who treat eating disorders for at least 5 years.
- Significant* history of presentation on clinical topics at eating disorder-related conferences, workshops and events to include both professional and community speaking opportunities. (*Per the discretion of the Certification Committee in terms of the experience level of audience, size of venue and/or frequency of presentations)
- Significant* history of published books, book chapters, peer-reviewed or trade articles and consumer publications on eating disorders. (*Per the discretion of the Certification Committee in terms of the experience level of audience and/or frequency of presentations)
- Academic affiliation and instruction in eating disorders, to include adjunct professorship, guest lecturer or program coordinator for educational institutions.
- Participation in eating disorders research
- History of program development in eating disorders

VII. CEU Equivalency Requirements

Demonstrated by two (2) or more of the following options. Check all that apply and provide documentation to support. The Certification Committee recommends that you list your experiences to include title, date and location as applicable, on a separate page under the title "Core Curriculum and Case Study Requirements". Your CV/resume should also support your application by documenting the specific equivalency experience(s) you have checked on this application. If a box checked below has already been checked and documented for another Equivalency Requirement category, simply note that the information has already been provided and can be found under another Equivalency Requirement:

- Individual's continued attendance and/or presentation at **eating disorder-related** conferences, trainings, workshops, webinars and other educational events for professionals. (List title, date and location of the event on a separate page. If the list is extensive, select a representative sample to list.

- Individual's continued publication of books, book chapters, peer-reviewed or trade articles and consumer publications on eating disorders
- Individual's continued academic affiliation and instruction in eating disorders, to include adjunct professorship, guest lecturer or program coordinator for educational institutions.
- 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 the legislation and/or courts of law as an expert witness regarding eating disorders

VIII. Letters of Recommendation Requirements

- Three (3) Letters of Recommendation from professional peers who are experienced in the field of eating disorders and familiar with your work specifically in this field.
 1. At least one of the three recommendation letters must be from an experienced clinician within your own discipline who practices in the field of eating disorders. The committee also recommends that one of the three letters be written by a clinician from outside of your own discipline who is familiar with your work within a treatment team setting.
 2. The recommendation letter must include full signature, credentials and place of employment of the person who is writing the recommendation.
 3. All recommendation letters need to be sent directly to the applicant to be included in the completed application packet. Letters can be signed and sealed if preferred by recommender.

IX. Signed Ethics Statement

- Signed statement of ethical practice principles (APA), as follows:

iaedp™ Professional Code of Ethics Statement

iaedp is committed to excellence in the ethical practice of those professionals who treat eating disorders. Given the psychological, behavioral, social, cultural, medical, biological, familial, and legal complexities of eating disorders, iaedp strives to ensure all members have the appropriate training and competencies to function with the highest level of integrity in all interactions with clients, families, colleagues, ancillary professionals, and the general community. iaedp expects that members will act in accordance with their respective disciplines and/or the APA code of ethics. Ethical concerns brought to the attention of iaedp are reviewed by the Ethics Committee whose recommendations are submitted to the Board of Directors for resolution.

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

Signature: _____ Date: _____

X. Active Commitment 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, and/or promotion, to include active membership and consistent meeting and event attendance.

- Active role in committees, Boards, planning and/or promotion of one or more professional associations (other than **iaedp™**) concerned with eating disorders, to include active membership and consistent meeting and event attendance.

XI. iaedp™ Membership Requirement

If not currently a member, applicant agrees to join **iaedp™** and maintain **iaedp™** membership for minimum of 3 years following receipt of certification. You may apply for membership and equivalency at the same time as long as you include the separate membership application and membership fee.

- Member - YES / NO

XII. Required Documentation

- Include current CV/Resume indicating experience and expertise. Reminder: CV/Resume must clearly demonstrate support of any and all checked boxes for each Equivalency requirement. In addition to your CV/Resume, provide a separate page(s) of documentation to support each Equivalency requirement as instructed within this application as needed.
- Enclose photocopies of all relevant licenses and certifications
- Include Application Fee of \$150.00, written to IAEDP
- Enclose one passport size photograph of applicant
- Make a copy of the entire application for your records.
- Mail TYPED and COMPLETE application (include everything on this checklist) by **regular (NOT CERTIFIED) mail** to the following:

International Association of Eating Disorders Professionals
Attention: Certification Application
PO Box 1295
Pekin, IL 61555-1295

No certified mail will be accepted since this is a post office box and no signature can be required. If you choose to track the package, make sure you select the option that does NOT require a signature at delivery site, or a delay and/or mail return will occur.

XIII. Required Signature

Applicant understands this is a perpetual certification revocable only by **iaedp™ Board** action. An **Application for Renewal of Certification** 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: _____

Please allow 90 (ninety) days from the RECEIPT of your application in the iaedp office for the application review process to be completed.

Certification Renewal Information on last page:

Important: Upon approval, you are responsible for the following:

- 1. Completion of 20 hours of continuing education directly in the field of eating disorders during the course of each two year renewable period**
- 2. Filing of a renewal application with payment prior to the expiration date of certification**
- 3. Attendance at an iaedp Symposium once every four (4) years**

You will receive advanced notice of your forthcoming renewal date directly from the iaedp Membership Office and will be expected to comply with a timely application following the guidelines of the Certification Renewal application.

Late Renewal Policy

- A renewal notice will be sent by email at 60 days prior to expiration, 30 days prior to expiration and at the time of expiration. A late renewal notice will be sent 30 days post-expiration. ALL RENEWAL NOTIFICATIONS ARE SENT VIA EMAIL - PLEASE ENSURE THE EMAIL LISTED IN YOUR ONLINE MEMBERSHIP PROFILE IS CORRECT.
- As of JANUARY 1, 2016, a late fee of \$125 in addition to the standard Certification renewal fee (\$150 every two years) and current membership status (\$195 every year) will be incurred at 30 days past the expiration date.
- If a member has not renewed within 60 days, an iaedp staff member will attempt to contact the member by telephone in order to verify that the member is aware of pending expiration and to discuss the member's specific situation if it warrants an extension. This contact will be documented in the member's electronic file.
- If a member fails to renew within 90 days of expiration date, the certification will be revoked. The member will be required to submit a new Certification application with appropriate fees and documentation to the Certification Committee for review and approval to re-establish certification status.

Revision Date Oct2015 TB