



Equivalency Certification Application

www.iaedp.com

Tel. (800) 800-8126 x 87 / Fax (800) 800-8126

Email: 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
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).

iaedp™ offers the Equivalency Certification for the CEDS, CEDRD, CEDRN and the CEDCAT designations for licensed or registered professionals who have accrued significant clinical experience and expertise in the field of eating disorders for a minimum of seven (7) years and >10,000 hours as an independent clinician (licensed, registered or equivalent). You must be able to demonstrate eating disorder proficiency and expertise through a range of equivalency requirements, which include the following:

Advanced Education and Licensure

The education and licensure requirements for Equivalency are the same as the requirements for Traditional certification for each recognized discipline.

- I. **Certified Eating Disorders Specialist (CEDS)** - MA/MS/MSW/PhD/MD/DO/ND/NP from accredited institution in the health/behavioral science field.
 - Licensed or certified as a healthcare professional with a permanently renewable license/registration according to his/her state's licensing or certifying board.
 - Includes PhD or PsyD candidate who has first obtained a MS level and practiced as a LAC, LPC, MFT or LCISW prior to seeking advanced doctorate. Does not include a PhD or PsyD candidate who bypassed the MS level and has a temporary license which expires and requires completion of advanced degree for full certification to practice.

- II. **Certified Eating Disorders Registered Dietitian (CEDRD) – RD**
 - Registered Dietitian through Commission on Dietetics Registration (CDR).
 - Completion of iaedp™'s Certification Final Examination for CDR.

- III. **Certified Eating Disorders Registered Nurse (CEDRN) – RN**
 - BSN, MSN or DSN from an accredited institution or BS in a related health care field (psychology, social work, etc.) with an Associate degree in nursing from an accredited institution and 3 semester credits in professional practice standards and ethics.
 - Licensed as a RN by his/her state's licensing/certification board with ongoing maintenance of this licensure with approved CEUs.

- IV. **Certified Eating Disorders Creative Arts Therapist (CEDCAT)** - Music, Art, Recreation and Dance/Movement Therapists
 - Certified or registered nationally as a creative arts professional in music, art, recreation therapy or dance/movement by the national Music, Art, Recreation Therapy or Dance/Movement Certification Board (post-internship or provisional licensure).
 - Renewal of certification maintained as required by the appropriate Certification Board (Certification Board for Music Therapists. [CBMT], Art Therapists [ATCB], Recreation Therapist [NCTRC] or Dance/Movement Therapists [DMTCB]).
 - Letter from the appropriate credentialing body or certificate that acknowledges the applicant is certified or registered by the appropriate standards and that he/she is recognized as in good standing is required and must be included in the completed application.



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Applying for (check one): CEDS CEDRD CEDRN CEDCAT International

Application must be typed and signed authentically by the applicant. Typed Signatures are NOT valid. Use complete titles of events, organizations, associations, conferences, etc.

I. Identifying Information

Name (as you would like it to appear on your certificate.)

Home Address

Telephone

Email

Degrees / Licenses

Employer Name

Job Title

Work Address

Telephone



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II. Education

List all education degrees held, major declared/obtained, institution's name, and date awarded (highest or most recent listed first):

| Degree Awarded | Major | Institution | Date |
|----------------|-------|-------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

III. List licenses and/or certifications held (including license or certification first issued post graduate school with a state number, even if provisional or temporary), awarded by, and date awarded:

| Registration/License/Certificate | Number | Awarded By | Date Awarded |
|----------------------------------|--------|------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |



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IV. Briefly describe your theoretical orientation/treatment philosophy:

In a separate document, complete sections V-IX

Reminder: Please include your name in the separate document. Use complete titles of events, organizations, associations, conferences, etc. Label each section with appropriate roman numeral and title.

V. Eating Disorders Experience. Verification of significant clinical experience, minimum of seven (7) years and >10,000 hours as an independent clinician (licensed, registered or equivalent). (NOTE: Applicants who practice in settings less intensive eating disorder treatment settings than, for example, residential and partial hospitalization, may not qualify within the minimum 7-year time limit and will therefore need additional practice time within the field of eating disorders before eligible.) Please provide: facility name, type of facility (e.g., residential, partial hospitalization, IOP, private practice); dates of experience (start/end); position held/job title, and a brief description of your job responsibilities related to the eating disorders field. *In your separate documentation, title this section "V. Eating Disorders Experience."*

VI. Continuing Education Experience - Attendance of at least fifty (50) eating disorders continuing education (CE) workshops, conferences, webinars, etc. in last five (5) years. Certificates are required for a minimum of 20 CEs in the 2 years prior to submission date. For CEs older than 2 years, a sample of the 50+ hours can be sufficient. List your attended eating disorder-specific CEs with corresponding dates, city/state locations, and number of CEs awarded. *In your separate documentation, title this section "VI. Continuing Education Experience."*

VII. Behavioral Skills Equivalency, Core Curriculum, and Case Study Equivalency Requirements:

Demonstrated by four (4) or more of the following options in addition to the “**REQUIRED**” sections above. Indicate which categories your experience satisfies and provide applicable information. *In your separate documentation, Title this section “VI. Behavioral Skills Equivalency, Core Curriculum, and Case Study Equivalency Requirements.”*

- History of presentation at eating disorder-related workshops, conferences, and events to include both professional and community speaking opportunities. *(Provide talks given, purpose of each presentation, include name of organization or association for which you presented, the level of experience of target audience, approximate number in attendance, etc.).*
- History of published books, book chapters, peer-reviewed or trade articles and consumer publications on eating disorders. *(Provide full references).*
- Academic affiliation and instruction in eating disorders, to include adjunct professorship, guest lecturer, or program coordinator for educational institutions *(Provide your titles, start/end dates, description of your roles/responsibilities, etc.).*
- Participation in eating disorders research. *(Provide references, description of your roles/responsibilities, etc.)*
- Individual’s continued presence in the media as an eating disorder expert. *(Provide titles, media sources, and description of your roles/responsibilities).*
- History of program development in eating disorders *(Provide program titles, description of programs, your roles/responsibilities, etc.).*
- Individual’s continued appearance in the legislation and/or courts of law as an expert witness regarding eating disorders *(Provide information that includes descriptions of your roles/responsibilities).*
- Clinical experience of at least an additional 10,000 hours (>20,000 total career hours) in the field of eating disorders *(Describe in detail, include your total number of career hours claimed).*
- A letter from a CEDS-S, CEDRD-S, CEDRN-S and/or CEDCAT-S supporting and attesting to your current clinical work within the standard of excellence within those >10,000 practice hours **and** a case study written by you (see [Case Study Guidelines](#)).
- Participation in supervision, peer consultation, and/or professional development activities *(Provide information that includes detailed descriptions).*
- Additional CEs in direct eating disorders care-
 - Provide documentation to support CEs beyond the minimum required 50 hours (see above section VI. Continuing Education Experience)
 - or successful completion of iaedp™’s Core Courses-



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VIII. Active Commitment Requirement. List volunteer work, community service, or similar experience that was related to or associated with the eating disorders treatment field. For example, this might include an active role in iaedp™ or another eating disorder organization’s membership, committees, boards, meeting attendance, event planning, etc. Include nature of work, name of organization, dates, and total number of hours (where appropriate). *In your separate documentation, title this section “VIII. Active Commitment Requirement.”*

IX. Supervision Equivalency Requirements. As an independently licensed or registered clinician (post-internship), you have supervised others who treat eating disorders for at least five (5) years. List supervision or consultation experiences provided, noting location, dates (beginning and end), and to whom supervision was given. In lieu of using individual names, please share which category of professional(s) (e.g., trainees, treatment team) with whom you led their supervision/consultation. *In your separate documentation, title this section “IX. Supervision Equivalency Requirements.”*

X. Letters of Recommendation Requirements.

You must acquire and submit three (3) letters of recommendation from professional 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.
2. At least one of the three recommendation letters must be from a practitioner *outside of your discipline* who is familiar with your work specifically within a treatment team setting.
3. Recommendation letters must include full signature, credentials, and place of employment of the person who is writing the recommendation.
4. Recommendation letters must be sent directly to you, the applicant, to be included in the completed application packet.

Recommender 1:

Name Phone Number

Email Address

Recommender 2:

Name Phone Number

Email Address



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Recommender 3:

Name Phone Number

Email Address

XI. iaedp™ Membership Requirement. You must be a member of iaedp™ in order to apply for Equivalency. You'll also need to maintain your iaedp™ membership for three (3) years following receipt of certification if awarded.

Please provide iaedp™ membership number: # _____

XII. Final Exam. If you are a *Registered Dietitian* who is applying for CEDRD Equivalency, and for all other disciplines whose application is submitted after June 1 2019, you must receive a passing grade on the iaedp™ Certification Examination. Include a copy of this certificate of completion with your application.

XIII. CV/Resume. Include a copy of your most current curriculum vitae that substantiates your education along with eating disorders experience and expertise. (NOTE: Though not required, it is helpful to the reviewers if you make your eating disorders-related experiences evident on their curriculum vitae. Organization, bolded words, etc. can facilitate this aspect.)

XIV. Standards of Conduct, Disclosure, and Professional Code of Ethics:

- a. 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 (use additional pages if necessary – include dates, claims, and outcomes):

- b. Have you been denied a professional license, certification, registration, or permit? Yes No

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

- c. Have you voluntarily surrendered or resigned any professional license, certification, registration, or permit? Yes No

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

XV. 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 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 American Psychological Association (APA). 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.

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(ies) involved. Such actions may lead to the suspension and/or termination of membership, certification and/or supervision privileges subject to review and determination by the managing director and board of directors.

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

Hand Signed _____

Date: _____

XVI. Renewal of Certification

The following are required for renewal:

- a. Complete twenty (20) hours of continuing education directly in the field of eating disorders during the course of each two-year renewable period.
- b. File a renewal application with payment of \$150.00 prior to the expiration date of certification.
- c. Attend an iaedp™ Symposium once every four (4) years.

XVII. Late Renewal Policy

- a. Late fee of \$125 will be incurred at thirty (30) days past any certification or membership expiration date. If a member fails to renew within ninety (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.

XVIII. Application Signature Required



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In affixing my signature to this application, I certify that 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, CEDCAT or CEDRN is not a license to practice as a healthcare professional or an authorization to collect fees for services I have read and understand both the iaedp™ Professional Code of Ethics Statement and my profession's Code of Ethics and agree to conform to these.

Hand Signed _____

Date: _____

XIX. Required Documentation/Check List:

Please review your application so each item includes expected information.

Submit in electronic format for [online](#) submission. Print for mail submission.

Include:

- One (1) Passport size photograph.
- Application, signed as required.
- Items V-IX along with certificates for CE hours (scanned to one document for upload)
- Three (3) Letters of Recommendation.
- Documentation of passing iaedp™ Certification Final Examination (for CEDRD applicants only prior to June 1, 2019 and for all applicants after June 1, 2018).
- Copy of current CV/Resume
- Photocopies of all relevant licenses, certificates and/or letters. Non-refundable application processing fee of \$150.00.
- Keep a copy of the application for your records.**

Submit Completed Equivalency Application and Documents [online](#) at iaedp.com/certification.

Tips for online submission:

- Scan all documents after signing.
- Have all documents ready before logging in. Process will not be saved if there is interruption.
- Each section accepts one document upload. Sections with multiple pages (such as certificates) must be scanned to one document prior to uploading to the online application.
- 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 or call 800-800-8126 x84.

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