

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

Application Form for iaedp™ Approved Supervisor
((Must be TYPED; therefore, complete form on your computer and print copy))

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 CEDS, CEDRD, CEDRN or CEDCAT supervisor by virtue of the following:

Required:

- 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,

Not required:

- I have attended an iaedp™ Symposium(s). Year(s) of attendance: _____
- I am a CEDS, CEDRD, CEDRN or CEDCAT. Designation _____ Year obtained: _____

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

PLEASE HIGHLIGHT ALL EATING DISORDER-RELATED WORK EXPERIENCE DURING THE LAST TEN YEARS, if different from above:
(Please include title/position and location of employment as appropriate)

PLEASE LIST ALL LICENSES AND/OR CERTIFICATIONS HELD:

PLEASE EXPLAIN YOUR AREA OF EXPERTISE (Individual, Group, Family, etc.):

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:

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: _____

I have checked with my local licensing board and/or malpractice insurance carrier and I may provide consultation and 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: _____

MAILING INSTRUCTIONS:

Mail TYPED and COMPLETED application (include everything on this checklist) by regular (NOT CERTIFIED) mail to the following address:

International Association of Eating Disorders Professionals
Attn: Approved Supervisor Application
PO Box 1295
Pekin, IL 61555-1295

Please allow up to 60 days upon receipt of your application by the iaedp office before notice of approval decision from the Certification Committee is received.

Revised May2015 TB