



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

Approved Supervisor Documentation Form

((Must be TYPED; therefore, complete form on your computer and print copy to provide to your supervisee for inclusion in the completed Certification application packet))

I. SUPERVISOR INFORMATION

 Name

 Address

 Telephone

 Fax

iaedp Approved Supervisor License/Certification and/or Registration (RD) Information:

Type	License or Registration #	State of License	Date Originally Licensed/Registered

II. APPLICANT INFORMATION

 Name and Credentials

 Address

III. INSTRUCTIONS

Dear iaedp Approved Supervisor: The above named applicant has named you as someone who can document his/her supervised internship and/or work experience, as partial fulfillment of the requirements for certification. Please complete the form as accurately and completely as possible and return it to the applicant for mailing to the Association with his/her completed Certification Application.

IV. CONFIDENTIALITY STATEMENT

The information contained in this document is confidential. It may be released upon request by the individual to whom it pertains; however, it will not be released to the general public. Supervisors are urged to be candid and forthright in their evaluations of the applicant inasmuch as supervised professional experience must be completed in a manner satisfactory to the Association.

V. VERIFICATION OF EXPERIENCE

A. List the place or places where the experience under supervision occurred:

B. List titles, degrees, licenses and certificates you held during the supervision of the applicant:

C. What were the applicant's title and professional identity while under your supervision?

D. If the applicant was in a training program while under supervision, describe the program and record dates (from when to when):

E. Describe the nature of your relationship with the applicant (employer, teacher, supervising as part of your prescribed job duties, etc.) and state whether applicant paid for the supervision:

F. List the total number of **pre-licensed hours** (if applicable) and **post-licensed hours** worked under your supervision, specifically in eating disorders (as distinct from chemical dependency, general mental health, etc.):

a. **PRE-LICENSED HOURS RECORDED** (if applicable):

FROM (month/day/year)_____ TO (month/day/year)_____

of hours per week_____ # of weeks_____ Total # Hours_____

List the types and amounts of activities performed **pre-licensure** by applicant and overseen by supervisor:

TYPE OF ACTIVITY OVERSEEN	LOGGED HOURS
Individual therapy	
Individual nutrition counseling or medical education	
Group therapy	
Group nutrition counseling or medical education	
Administering, evaluating psychological or medical tests	
Writing chart notes, administering treatment plan	
Other	

List the types and amounts of face-to-face supervision given to applicant **pre-licensure** (if applicable):

TYPE OF SUPERVISION	LOGGED HOURS
Individual	
Group	

b. POST-LICENSED HOURS RECORDED:

FROM (month/day/year)_____ TO (month/day/year)_____

of hours per week_____ # of weeks_____ Total # Hours_____

List the types and amounts of activities performed **post-licensure** by applicant and overseen by supervisor:

TYPE OF ACTIVITY OVERSEEN	LOGGED HOURS
Individual therapy	
Individual nutrition counseling or medical education	
Group therapy	
Group nutrition counseling or medical education	
Administering, evaluating psychological or medical tests	
Writing chart notes, administering treatment plan	
Other	

List the types and amounts of face-to-face supervision given to applicant **post-licensure**:

TYPE OF SUPERVISION	LOGGED HOURS
Individual	
Group	

VI. RATING OF APPLICANT'S PERFORMANCE

A. Overall Rating:

- Superior
- Acceptable
- Unacceptable

B. List strengths and areas needing improvement:

Areas of Strengths:

Areas Needing Improvement:

C. Remarks: (In your judgment, is the applicant's work of sufficient quality to justify certification as a specialist in the field of eating disorders through iaedp? List any reasons why applicant should not be certified at this time):

VII. AUTHORIZING SIGNATURE

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Date