



Supervision Documentation Form

www.iaedp.com

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

Email: certification@iaedp.com

MUST BE TYPED

Applicant – Complete section I and provide this form to supervisor to complete remainder of sections

Supervisor – Complete sections II-VIII for supervisee to include in the completed Certification Application packet

I. APPLICANT INFORMATION (select one box)

I have one (1) iaedp™-Approved Supervisor. Use this form only
OR

I have more than one (>1) iaedp™-Approved Supervisor

1. Complete the section I chart below for total hours supervised regardless of number of supervisors
2. Use separate forms for each supervisor to complete sections II-VIII.
3. Please note number of supervisors here _____

Applicant Name and Credentials

Address

Email Address

Effective July 2018 Hours accrued after registration or licensure with state or national board: Therapists – After registration number is acquired, post-graduation, through your state. Registered Dietitians – After registration number is acquired through Commission on Dietetics Registration (CDR) Medical Providers – After license number is acquired through state and can begin residency Nurses – After state licensure number is acquired	
License or Registration #	Date Originally Licensed/Registered
Total Eating Disorders Hours of Experience (Inclusive of all hours from any applicable logs from all applicable supervisors)	
Accrued in no less than 2 years and no more than 40hrs/week Total	≥2500



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II. SUPERVISOR INFORMATION – One form per iaedp™-Approved Supervisor

INSTRUCTIONS

Dear iaedp™ Approved Supervisor, as partial fulfillment of the requirements for certification, the applicant listed in Section I has named you as someone who can document his/her/their supervised eating disorders experience. Please complete this form and return it to the applicant to be included with his/her/their completed Certification Application.

Supervisor's Name and Credentials

Address

Email address

Telephone

Fax (optional)

iaedp™-Approved Supervisor #	License type and state or Registration # (RD)	Date Originally Licensed/Registered

III. CONFIDENTIALITY STATEMENT

The information contained in this document is confidential but may be shared with iaedp™ Certification Committee members and iaedp™ staff. It can 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 in as much as supervised professional experience must be completed in a manner satisfactory to the Association.

IV. VERIFICATION OF EXPERIENCE

- a. Locations and/or organizations where the iaedp™ supervision occurred:

- b. List titles, degrees, licenses and certificates you held during the iaedp™ supervision of the applicant:

- c. What were the applicant's title(s) and/or professional identity(ies) while under your iaedp™ supervision?

- d. If the applicant was in a training program while under your iaedp™ supervision, describe the program and provide start and stop dates:

- e. Describe the nature of your relationship with the applicant (employer, teacher, supervising as part of your prescribed job duties, sought out independently by supervisee):

- f. List the total number of hours accrued under your iaedp™ supervision, specifically in eating disorders (as distinct from chemical dependency, general mental health, etc.):

Dates	Total Logged Eating Disorders Hours

Breakdown of hours performed by supervisee under your iaedp™ supervision:

		Date:	Hours:	
		SAMPLE	Hours	
Dates Supervision Provided		6/2018-8/2020		
Direct Client Service 75% of hours	Individual Therapy or Nutrition/Medical patient care including rounding/Education	1650		
	Group Therapy or Nutrition/Medical patient care including rounding /Education	270		
	Couples Therapy			
	Family Therapy	25		
	Total Direct Hours (1875 minimum)	1945		
Indirect Client Service Up to 25% of hours	Writing chart notes, administering treatment plan		625	
	Administering and evaluating tests			
	Supervision, Individual (at least 75%)	Combined supervision ≥ 21 hours	20	
	Supervision, Group (up to 25%)		5	
	Other: (Please explain) <i>Community presentations, developing handouts, completing coursework and readings, working on planning committee for ED walk or community event, blog entries and other writings</i>		25	
	Total Indirect Hours (675 maximum)		675	
Total Hours: ≥ 2500		2620		



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VI. RATING OF APPLICANT'S PERFORMANCE

- g. Overall Rating:
 - Superior
 - Acceptable
 - Unacceptable

- h. Areas of Strengths

i. Areas for Growth: (None or N/A not acceptable)

j. Remarks: Do you have any concerns you feel the iaedp™ Certification Committee should know about this applicant's path towards their certification as an eating disorders specialist?

VII. AUTHORIZING SIGNATURE

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

iaedp™-Approved Supervisor's Signature

Date