



**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
- Complete the section I chart below for total hours supervised regardless of number of supervisors
  - Use separate forms for each supervisor to complete sections II-VIII.
  - 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: <b>Therapists</b> – After registration number is acquired, post-graduation, through your state. <b>Registered Dietitians</b> – After registration number is acquired through Commission on Dietetics Registration (CDR) <b>Medical Providers</b> – After license number is acquired through state and can begin residency <b>Nurses</b> – After state licensure number is acquired	
License or Registration #	Date Originally Licensed/Registered
<b>Total</b> 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 <b>Total</b>	<b>≥2500</b>



**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
<b>Dates Supervision Provided</b>			6/2018-8/2020	
<b>Direct Client Service</b> ≥75% of hours	<b>Individual</b> Therapy or Nutrition/Medical patient care including rounding/Education		1650	
	<b>Group</b> Therapy or Nutrition/Medical patient care including rounding /Education		270	
	<b>Couples</b> Therapy			
	<b>Family</b> Therapy		25	
	<b>Total Direct Hours (1875 minimum)</b>		<b>1945</b>	
<b>Indirect Client Service</b> 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	
	<b>Total Indirect Hours (675 maximum)</b>		<b>675</b>	
<b>Total Hours:</b> ≥ 2500			<b>2620</b>	

