



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

Traditional Certification Application
(Please type online and print finished copy)

Applying for:

CEDS CEDRD CEDRN CEDCAT

To complete the application, follow guidelines outlined on the Traditional Certification Checklist for your specific discipline.

I. Identifying Information

 Name Female Male
 (Type name as you would like it to appear on your certificate.)

 Home Address _____
 Telephone

 Fax

 Degrees / Licenses _____
 Email

 Work Address _____
 Telephone

 Fax

 Employer Name _____
 Job Title

II. Education

List all education degrees held, major declared/obtained, where received, and dates. (Highest or most recent listed first.):

Grade/Degree	Major	Institution	Date Awarded

MUST BE TYPED

List licenses and/or certificates held, where held or awarded, dates awarded (NOTE: a certificate indicates certification of competence or expertise, not merely the awarding of a paper certificate upon completion of a continuing education workshop):

License/Certificate	Where Held or Awarded	Date

If presently enrolled in school, list school, address, and present status (i.e. units completed and time to graduation or completion):

List courses completed as part of the iaedp Core Course requirements, or list courses completed as part of an eating disorders certificate program from an accredited university which meet iaedp standards for core course equivalency. (List where and when completed, and number of semester or quarter units, as applicable):

Courses Completed	Where Completed	Date	Units

Check only those items below that apply to you:

- I have completed a Bachelors (4 year) Degree in a Related Area:
Specify: _____
- I am a Certified or Registered Creative Arts Therapist (Art, Music, Recreation, Dance/Movement)
- I am a Registered Nurse
- I am a Registered Dietitian
- I am a Certified Clinical Mental Health Counselor (Certified by the National Academy of Certified Clinical Mental Health Counselors)
- I am a Licensed Professional Counselor
- I have completed a Masters Degree in a Related Area:
Specify: _____
- I have an active Masters Level License in a Related Area (Marriage & Family Therapist, Licensed Clinical Social Worker, Mental Health Counselor, Nurse Practitioner, etc.):
Specify: _____
- I am a National Certified Counselor (Certified by the National Board of Certified Counselors)
- I have completed a Doctoral Degree in a Related Area (Clinical or Counseling Psychology, Medicine, Counseling, Social Work, etc.):
Specify: _____
- I have an active Doctoral Level License in a Related Area (Physician, Psychologist, etc.):
Specify: _____
- I have attained Postdoctoral Specialization or Diplomat Status (Board Certified Psychiatrist, Psychologist, etc.):
Specify: _____

MUST BE TYPED

List any honors or awards received (including places and dates of honors or awards), and publications (including full reference citations):

III. Memberships & Affiliations

List any memberships in professional associations, committees, societies, boards, clubs, etc. including types of membership (i.e. member or associate); status (i.e. active or inactive), and dates of membership:

Association/Society	Type of Membership	Status	Date
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IV. Employment History

List all relevant positions held, including job title, employer, location, dates of employment, and reasons for leaving.

Job Title	Employer	Location	Dates of Employ.	Reason Left
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V. Internships & Supervised Experience

List all internships and/or supervised work experience in the eating disorders treatment field (hours applied towards supervised direct patient care hours for certification must be validated by an iaedp-Approved Supervisor and documented on the Traditional Approved Supervisor Documentation Form, in the manner prescribed by the Association):

Program or Institution	Address	Dates Worked	Total hrs. Worked	Supervisor's Name & Title	Paid or Non-Paid
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MUST BE TYPED

VI. Continuing Education Requirements

List eating disorder-specific continuing education workshops, conferences, webinars, etc. that you have completed to meet the specific CEU requirements for the Traditional Certification. CEUs are not college courses required as part of your educational degree. Please include a copy of your certificate of completion for each listed event. *Note: You only need to include a representative list of CEU events attended, specific to eating disorders, up to 10 total.*

VII. Community Service/Volunteer Work

List volunteer work, community service, or similar experience which was related to or associated with the eating disorders treatment field:

Nature of Work	Where Done	Dates	Total Number of Hours
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VIII. History of Arrests, Convictions, Disciplinary Proceedings, Ethics Hearings, Malpractice, etc.

Incident/Charges	Dates	Outcome
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(use additional pages, if necessary, and attach to this application)

MUST BE TYPED

IX. Statement of Intent

State briefly your reason(s) for seeking certification, explain your interests in the field of eating disorders treatment, and describe what you have to offer the field:

X. CEDRN Applicants ONLY

- Develop a reference guide for the book, "A Guide to Medical Care and Complications of Eating Disorders", by Mehler & Anderson to include the following: identification of 10 (ten) abnormalities listed in each chapter and the appropriate medical/nursing interventions to facilitate stabilization. (Additional assignment for CEDRN applicants as noted on the CEDRN Traditional Checklist)

XI. Required Documentation/Check List

- laedp Member – Yes / No (*Membership is required, but can apply at the same time)
- Include copy of current CV/Resume indicating education, experience and expertise
- Enclose non-refundable application processing fee of \$150.00 written to IAEDP.
- Enclose one (1) passport size photograph of yourself.
- Enclose the "Approved Supervisor Documentation Form" which should be completed and signed by your Approved Supervisor. *Note: You do not need to include copies of any Applicant Log of Patient Care Hours forms in the final application. The Applicant Log form is for your convenience to tally and verify your patient care hours with your Approved Supervisor.*

- Three (3) Letters of Recommendation from professional peers 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 who practices in the field of eating disorders within the SAME discipline as the applicant.
 2. All of the recommendation letters must include full signature, credentials and place of employment of the person who is writing the recommendation.
 3. All recommendation letters must be sent directly to the applicant to be included in the completed application packet.

- Enclose photocopies of all relevant licenses and certificates, including copies of CEU certificates of completion for each educational event listed on this application. Note: You only need to include a representative list of CEU events attended, specific to eating disorders, up to 10 total.

- Enclose any letters, job description, and other evidence documenting any experience applied toward certification, if applicable.

- Application signed as required.

XI. Ethics Statement and Signature:

iaedp 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 all 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 APA code of ethics. 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.

I fully agree with this statement.

Signature: _____

Date: _____

XII. Application Signature Required

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. I also certify that I have read, and agree to abide by, all stipulations of the eating disorders certification contained within the certification manual. In addition, I understand that certification as a CEDS, CEDRD, CEDCAT or CEDRN is not to be construed as a license to practice as a health care professional, nor authorization to collect fees for services. An Application for Renewal of Certification providing updated information is required every two years (fee associated). In affixing my signature to this application, I certify that all statements made herein are true to the best of my knowledge.

Signature: _____

Date: _____

Please allow 90 (ninety) days from the RECEIPT of your application in the iaedp office for the application review process to be completed.

Certification Renewal Information on last page:

MUST BE TYPED

Important: Upon approval, you are responsible to follow the renewal guidelines:

1. Completion of 20 hours of continuing education directly in the field of eating disorders during the course of each two year renewable period
2. Filing of a renewal application with payment of \$150.00 prior to the expiration date of certification
3. Attendance at an iaedp Symposium once every four (4) years

Late Renewal Policy

- A renewal notice will be sent by email at 60 days prior to expiration, 30 days prior to expiration and at the time of expiration. A late renewal notice will be sent 30 days post-expiration. ALL RENEWAL NOTIFICATIONS ARE SENT VIA EMAIL - PLEASE ENSURE THE EMAIL LISTED IN YOUR ONLINE MEMBERSHIP PROFILE IS CORRECT.
- As of JANUARY 1, 2016, a late fee of \$125 in addition to the standard Certification renewal fee (\$150 every two years) and current membership status (\$195 every year) will be incurred at 30 days past the expiration date.
- If a member has not renewed within 60 days, an iaedp staff member will attempt to contact the member by telephone in order to verify that the member is aware of pending expiration and to discuss the member's specific situation if it warrants an extension. This contact will be documented in the member's electronic file.
- If a member fails to renew within 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.

Revision Date Oct2015 TB