



Traditional Certification Application

www.iaedp.com

Tel. (800) 800-8126 x 87 / Fax (800) 800-8126

Email: certification@iaedp.com

Applying For: CEDS CEDRD CEDRN CEDCAT International

To complete this application, please refer to the Traditional Certification Checklist for your specific discipline as requirements vary. Application must be typed.

Signatures may be hand signed or signed with a digital signature in Adobe.

I. Identifying Information

Name (as you would like it to appear on your certificate.)

Home Address

Telephone Fax

Degrees / Licenses Email

Employer Name Job Title

Work Address

Telephone Fax

II. Education

List all education degrees held, major declared/obtained, institution's name, and date awarded (highest or most recent listed first):

Degree	Major	Institution	Date Awarded

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III. List licenses and/or certifications held (including license or certification first issued post graduate school with a state number, even if provisional or temporary), awarded by, and date awarded:

Registration/License/Certificate	Number	Awarded By	Date Awarded

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

University	Address	Present Status

List courses completed as part of the iaedp™ Core Course requirements (or list courses completed as part of an eating disorders certification/certificate program from an accredited university which meets iaedp™ standards for Core Course equivalency):

Courses Completed	Total Units	University/Institution	Date Completed

IV. Check only those items below that apply to you:

- I have completed a Bachelor's (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 Master's Degree in a related area:
Specify: _____
- I have an active Master's 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: _____

V. Honors, Awards, & Publications

List any honors or awards received (including presenting organization and date of honor or award), and publications (including full reference citations):

VI. Memberships & Affiliations

List any memberships in eating disorders related professional associations, committees, societies, boards, clubs, etc. including association/society, type of membership (i.e. member or associate), status (i.e. active or inactive), and dates of membership:

Association/Society	Type of Membership	Status	Dates

VII. Employment History

List all relevant positions held, including job title, employer, dates of employment, and reason(s) for leaving.

Job Title	Employer	Dates of Employment	Reason Left

VIII. 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):

Program or Institution 1

Program or Institution:

Address:

Dates Worked:

Total hours:

Supervisor's Name & Title:

Program or Institution 2

Program or Institution:

Address:

Dates Worked:

Total hours:

Supervisor's Name & Title:

Program or Institution 3

Program or Institution:

Address:

Dates Worked:

Total hours:

Supervisor's Name & Title:

Program or Institution 4

Program or Institution:

Address:

Dates Worked:

Total hours:

Supervisor's Name & Title:

XVI. Letters of Recommendation

Three (3) Letters of Recommendation from professionals 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 application packet.
4. Letter cannot be from your iaedp™ supervisor

Recommender 1:

Name Email Address

Phone number

Recommender 2:

Name Email Address

Phone number

Recommender 3:

Name Email Address

Phone number

XVI. Standards of Conduct, Disclosure, and Professional Code of Ethics:

Have there ever been any ethical, legal, fraud, misrepresentation or professional malpractice claim(s) brought against you? This includes current charges or disciplinary action pending: Yes No

If yes, please explain (use additional pages if necessary – include dates, claims, and outcomes):

Have you been denied a professional license, certification, registration, or permit? Yes No
If yes, please explain (use additional pages if necessary)

Have you voluntarily surrendered or resigned any professional license, certification, registration, or permit? Yes No
If yes, please explain (use additional pages if necessary)

XVII. iaedp™ Professional Code of 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 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 American Psychological Association (APA). 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 have read and understand my profession's Code of Ethics and agree to conform to these.

Hand Signed or Digitally Verified

Signature: _____

Date: _____

XVIII. Renewal of Certification

The following are required for renewal:

- a. Complete twenty (20) hours of continuing education directly in the field of eating disorders during the course of each two-year renewable period.
- b. File a renewal application with payment of \$150.00 prior to the expiration date of certification.
- c. Attend an iaedp™ Symposium once every four (4) years.

XIX. Late Renewal Policy

Late fee of \$125 will be incurred at thirty (30) days past any certification or membership expiration date. If a member fails to renew within ninety (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.

XX. 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 a license to practice as a healthcare professional or an authorization to collect fees for services. An Application for Renewal of certification providing updated information is required every two years (fee associated). I certify that all statements made herein are true to the best of my knowledge.

Hand Signed or Digitally Verified

Signature: _____

Date: _____

XII. Required Documentation/Check List:

Electronic format for [online](#) submission. Print for [mail](#) submission.

Include:

- One (1) Passport size photograph.
- Application, signed as required.
- Items III-VII along with certificates for CE hours (scanned to one document for upload)
- Three (3) Letters of Recommendation.
- Certification Exam (CEDRD applicants only)
- Copy of current CV/Resume
- Photocopies of all relevant licenses and certificates.
- Documentation of passing iaedp™ Certification Final Examination (for CEDRD applicants only).
- Non-refundable application processing fee of \$150.00.
- Keep a copy of the application for your records.**

Submit Completed Application and Documents

[Online](#) at iaedp.com/certification.

Tips for online submission

- a. Have all documents ready before logging in. Process will not be saved if there is interruption.
- b. Each section accepts one page- Sections with multiple pages (such as certificates) must be scanned to one document prior to uploading to the online application.
- c. Documents scanned as photos are often too large. Files saved as JPG, PNG or TIF are often smaller. There is a 30mb limit for all uploads.

OR

Mail: For mailing instructions, contact certification@iaedp.com or call 800-800-8126 x84.

Please allow up to ninety (90) days from receipt for complete review of this application.