



## Traditional Certification Application

www.iaedp.com  
Tel. (800) 800-8126 x 87 / Fax (800) 800-8126  
Email: certification@iaedp.com

Dear iaedp™ Traditional Certification Applicant:

Welcome to the process of becoming a distinguished Certified Eating Disorders Specialist (CEDs), Certified Eating Disorders Registered Dietitian (CEDRD), Certified Eating Disorders Registered Nurse (CEDRN), or Certified Eating Disorders Creative Arts Therapist (CEDCAT). First established in 2002 to enhance the education of multidisciplinary professionals, the iaedp™ Certification has now become the only internationally-recognized credential signifying competence in treating eating disorders. We respect and value that you have chosen to pursue your iaedp™ Certification and to join the ranks of other distinguished professionals.

This iaedp™ Traditional Certification application is for professionals pursuing expertise in the treatment of feeding and eating disorders per the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). *Please note that if you are a licensed/credentialed professional (titles vary by discipline) with at least seven years and 10,000 hours of experience, our iaedp™ Equivalency Certification option for certification may be the route for you.* For most professionals, though, this document will guide you on your path towards certification.

To apply for the CEDs, CEDRD, CEDRN, or CEDCAT certification using this iaedp™ Traditional Certification application, first choose your designation.

- The CEDs is for a Master's level therapist or counselor, Doctor of Philosophy (PhD), Doctor of Psychology (PsyD), Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Naturopathic Doctor (ND), Physician Assistant (PA), and/or Nurse Practitioner (NP).
- The CEDRD is for a Registered Dietitian (RD)/Registered Dietitian Nutritionist (RDN).
- The CEDRN is for a Registered Nurse (RN).
- The CEDCAT is for a Music, Art, Recreation, or Dance/Movement Therapist (CAT).

Next, confirm that you meet the *Supervised Patient Care* requirement below.

- A minimum of 2,500 eating disorder-specific practice hours must have been accrued both under the guidance of an iaedp™-Approved Supervisor(s) and in no less than two years/24 months.

Finally, here are three of the most frequently asked questions about this iaedp™ Traditional Certification process and the answers you'll want to know.

**1. Question: What does iaedp™ mean by "supervisor?"**

**Answer:** The term "supervisor" has various meanings in the medical and mental health fields. The iaedp™-Approved Supervisor specifically functions as a clinical consultant who oversees your CEDs/RD/RN/CAT certification process and development as an eating disorders specialist.

2. *Question: When can I start accruing the required 2,500 Supervised Patient Care hours?*

*Answer:* It depends on your role:

- **Master's Level Therapists:** After your state-issued licensure or registration number is acquired, post-graduation.
- **Psychologists:** After your American Psychological Association accredited internship begins.
- **RD/RDNs:** After you are registered through CDR.
- **Medical Providers:** After your state-issued licensure is acquired.
- **Registered Nurses:** After your state-issued licensure number is acquired.
- **CATs:** After you receive your certificate to practice, issued by the appropriate Certification Board (Certification Board for Music Therapists [CBMT], Art Therapy Credentials Board [ATCB]; National Council for Therapeutic Recreation Certification [NCTRC] or Dance Movement Therapy Certification Board [DMTCB]).

3. *Question: Are there any restrictions about when I can apply for the CEDS, CEDRD, CEDRN, or CEDCAT designation?*

*Answer:* Yes. Applications will not be accepted if your 2,500 supervised practice hours have been accrued in under two years. Please note that if your licensure process has an interim stage (e.g., "pre-licensed"), you may apply only after you have received your permanently renewable license, credential, or certification (terms vary by discipline and geographical location). Examples follow to clarify:

- Arizona Licensed Associate Counselor (LAC) **is** a *permanently renewable* state-issued licensure. It requires ongoing supervision, and the holder of this licensure may not practice independently. This Arizona license can be repeatedly, indefinitely renewed while its holder continues to practice as an LAC.
- California Associate MFT **is not** a permanently renewable state-issued status. According to the Board of Behavioral Sciences, "California law permits a registration to be renewed a maximum of five (5) times before being cancelled [...]. You cannot be issued a subsequent number unless you have passed the LMFT Law and Ethics Exam. There are no exceptions."

If you meet and agree to the above parameters, please proceed. Familiarize yourself with this document in its entirety. If you have questions about this process, please ask the Certification Committee via [certification@iaedp.com](mailto:certification@iaedp.com).

Thank you for your efforts in pursuing the iaedp™ Certification and your commitment to providing patients with the highest standards of care in treating eating disorders. We look forward to reviewing your completed application.

Sincerely,

Your iaedp™ Certification Committee



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**Instructions:** All sections must be completed in type. Use full titles where applicable (e.g. organizations, conferences, etc.).

**Application for:**  CEDS  CEDRD  CEDRN  CEDCAT

**I. Identifying Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Degrees/Licenses

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Work Fax

\_\_\_\_\_

**II. Statement of Intent**

*Provide your reason(s) for seeking certification, your interests in the field of eating disorders treatment, and how your work will enhance or contribute to the field.*

**III. Overview**

*Check all items below that apply:*

- I have completed a four-year bachelor's degree.
- I have completed a master's degree.
- I have completed a doctoral degree.
- I have attained postdoctoral specialization or diplomat status (e.g., Board Certified Psychiatrist, Board Certified Psychologist, etc.).
- I am a licensed health care professional within my discipline.
- I am an RD/RDN.
- I am an RN.
- I am a certified Music, Art, Dance Movement, or Recreation Therapist.
- I have attained additional certification(s).

**IV. iaedp™ Traditional Certification-Specific Curriculum Vitae (CV)**

*Provide your current CV, which includes information both related and unrelated to the field of eating disorders, in the following format. Highlight or bold any credits that are specific to feeding and eating disorders so each stands out among your other credits. In cases where the requested information cannot be provided with exactness, please indicate what is approximate or to the best of your recall. Insert "n/a" or "none" where applicable. Submit this iaedp™ Traditional Certification-Specific CV with your application.*

**A. Name**

**B. Licenses/Certifications**

List licenses and/or certifications held. Include any license or certification acquired postgraduate school with state-issued number, indicate if provisional or temporary, awarded by, and date awarded. *Submit copies of licenses/certifications with your application.*

**C. Education**

List higher education degree(s), with the most recent first. Include each major declared/obtained, institution, and date awarded. If currently pursuing further education, indicate predicted date of completion.

**D. Employment History**

List positions held. Include job title, employer, and dates of employment. If position or job title is not self-explanatory, include a description of your role(s).

**E. Publications**

List publications using full references. Include published books, scholarly and trade articles, consumer publications, etc.

**F. Presentations**

List presentations you have given. Include purpose, name of organization or association for which you presented, level of experience of target audience (e.g., professionals, community members), approximate number in attendance, and any additional relevant information.

**G. Memberships**

List memberships of professional associations related to eating disorders (e.g., committees, societies, boards, clubs, etc.). Include name of association/society, type of membership (member or associate), status (active or inactive), and dates of membership.

**H. Volunteer Work**

List volunteer work. Include brief description if not self-explanatory, describing the nature of the work, the organization, date(s), and number of service hours.

**I. Honors and Awards**

List honors/awards received. Include brief description if not self-explanatory, organization presenting, and the date of honor/award.

**J. Additional Information**

List additional information you would like the iaedp™ Certification Committee to know about your clinical work and eating disorder-related experiences (e.g., appearance in the media as mental health or medical expert, academic affiliation, participation in research, program development, advocacy work, etc.).

**K. iaedp™ Core Courses**

List completed courses that satisfy the iaedp™ Core Course requirements ([www.iaedp.com](http://www.iaedp.com), refer to Certification/Online Institute). *Submit corresponding iaedp™ Core Courses' certificates of completion with your application.*

**L. Continuing Education (CE)**

List completed eating disorders-specific CE workshops, conferences, webinars, etc. Regardless of your discipline, 10 CE hours specific to the treatment (therapy, nutrition, and/or medical care) of feeding and eating disorders per the DSM-5 (anorexia nervosa [AN], bulimia nervosa [BN], binge-eating disorder [BED], avoidant/restrictive food intake disorder [ARFID], pica, rumination disorder, other specified feeding and eating disorders [OSFED], and/or unspecified feeding and eating disorders [UFED]) are required. These hours are in addition to the iaedp™ Core Courses and must have been acquired in the last five years. *Include corresponding copies of certificate(s) of completion with your application.*

## V. Case Study Requirement

Write a case study. Submit case study document with your application.

### **Instructions**

- The targeted word count is a minimum of 1,500 words (around 2-3 single-spaced pages).
- DO NOT include information that could compromise patient confidentiality. You must comply with all Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules and any other applicable laws and ethical codes.
- DO include (must follow this format):
  - In 1-2 detailed paragraphs, describe the patient's presenting problem(s) (attitudinal, behavioral, and physiological symptoms). Also include pertinent biopsychosocial history (e.g. prior treatment, significant life events, medical concerns, etc.).
  - In 1 detailed paragraph, identify both the complete DSM-5 diagnoses on intake and the American Psychiatric Association's current admitting criteria supporting the selected level of care.
  - In 2-3 detailed paragraphs, describe the patient's treatment. Include the treatment modalities that you implemented, obstacles encountered and how each was managed, and the outcome(s) of treatment.
  - In 1-2 detailed paragraphs, describe collaborative care approaches. Include multidisciplinary team members. Provide an assessment of the contributions, strengths, and limitations of the teamwork that occurred during the patient's treatment.
  - In 1 detailed paragraph, identify the complete DSM-5 diagnoses on discharge/at termination, and summarize the discharge planning/follow-up recommendations you provided. Include additional treatment advised, referral sources offered, and recommendations/plans made (e.g., living accommodations, relationships, work, and/or academic goals).
  - In 1-2 detailed paragraphs, describe the personal reactions/countertransference that your patient's case elicited from you. Include how you processed these reactions, along with any supervision or consultation that may have occurred, the issues identified, and how you modified your work with the patient as a result.
- The case study for the CEDRN needs to also include the following:
  - Medical/nursing courses of treatment implemented.
  - Supervision/interaction with treatment team.
  - Case outcomes and follow-up treatment for medical concerns, including pharmacology.
- The case study portion of the iaedp™ Traditional Application helps the Certification Committee to assess your eating disorder conceptualization, competency, and multidisciplinary collaboration; each of these is a domain indicative of the expertise captured by the CEDS, CEDRD, CEDRN and CEDCAT.

## VI. Supervised Experience

Provide proof of your iaedp™ supervised eating disorder-specific work experience. Attach a separate document that includes the following: the name of each setting where you acquired hours; what percentage of your patients were seen for clinical feeding and eating disorders versus other health or psychiatric diagnoses; and if you counted patients with subclinical eating disorders (disordered eating) in your supervised patient care hours, your reasoning for inclusion in your supervised practice hours. *Submit this document with your Approved Supervisor Documentation Forms with your application.*

### Details/Guidelines

- *The 2,500 hours of eating disorders experience required for certification must be validated by an iaedp™-Approved Supervisor and documented on the Approved Supervisor Documentation Form ([www.iaedp.com](http://www.iaedp.com), refer to Certification/Overview).*

### Supervisor Information Overview

- *As of June 1, 2019, a qualified supervisor is both a CEDS/RD/RN/CAT and an iaedp™-Approved Supervisor ([www.iaedp.com](http://www.iaedp.com), refer to Certification, see "Search Here for Approved Supervisor.")*
- *Please note that it is your responsibility to choose a supervisor who is **both** a CEDS/RD/RN/CAT and iaedp™-Approved Supervisor.*
- *Supervised hours earned prior to June 1, 2019, and under the supervision of an eating disorders expert who is not designated as a CEDS/RD/RN/CAT count only if that supervision was with a supervisor already iaedp™-approved under the previous criteria.*
- *Your iaedp™-Approved Supervisor does not have to be in the same geographical area as you. Supervision for the iaedp™ Traditional Certification is permissible in any combination of the following forms: in person, by video conferencing, and/or by telephone.*

### Supervised Hours Overview

- *At least 75% (1,875) of your total 2,500 supervised hours must:*
  - *Be supervised by an iaedp™-Approved Supervisor **within your discipline.***
    - *Your supervisor does not have to hold the same license or degree as you (e.g., an iaedp™-Approved Supervisor, LPCC, CEDS, can supervise an LMFT, MD can supervise RN).*
  - *Be direct patient service or education. These include individual, family, and group therapy hours.*
- *No more than 25% of (625) of your total supervised hours can be:*
  - *From an iaedp™-Approved Supervisor **from another discipline within the treatment team.***
  - *From indirect patient service. This includes testing, professional consultations, session notes, treatment plan documentation, and "Other" hours. ("Other hours" can include receiving or providing professional or community education and facilitating clinical intakes.)*
- *Group supervision (two or more supervisees/one supervisor) may account for up to 25% of your supervised hours (If you are a medical doctor, please inquire about an exception to this limit.).*
- *Hours in excess of 40 per week will not be accepted.*
- *A minimum of one hour of supervision per 120 hours of patient contact is required, totaling a minimum of 21-supervision hours for 2,500 patient contact hours.*
- *As a courtesy, iaedp™ offers an Applicant Log of Patient Care Hours to use for personal documentation of hours. Please do not include this in your final application packet.*

Please provide the name(s) and credentials of your iaedp™-Approved Supervisor(s) who are used in your *Approved Supervisor Documentation Form(s)*.

1. \_\_\_\_\_  
Name, Credential(s)

2. \_\_\_\_\_  
Name, Credential(s)

3. \_\_\_\_\_  
Name, Credential(s)

4. \_\_\_\_\_  
Name, Credential(s)

5. \_\_\_\_\_  
Name, Credential(s)

**VII. Letters of Recommendation (LOR)**

List the names and credentials of your three LOR referees. Submit the corresponding three LORs with your application.

**Guidelines**

- Each LOR must be from a licensed or credentialed practitioner who is experienced in the field of eating disorders and familiar with your work in the treatment of eating disorders.
- At least one must be written by an experienced clinician within your discipline (e.g., psychologist for LPC).
- At least one must be written by an experienced clinician whose discipline is different from yours and is typically included in a treatment team (e.g., MD for RDN).
- All must include the referee's authentic (not typed) signature, credentials, contact information, and place of employment.
- All must be sent directly to you (not to iaedp™) to be included in your application submission.
- None are allowed to be from your iaedp™-Approved Supervisor or personal therapist.

**Referee 1:**

\_\_\_\_\_  
Name, Credential(s)

**Referee 2:**

\_\_\_\_\_  
Name, Credential(s)

**Referee 3:**

\_\_\_\_\_  
Name, Credential(s)



**VIII. Final Exam**

Receive a passing grade on the iaedp™ Certification Examination ([www.iaedp.com](http://www.iaedp.com), refer to Certification/Online Institute). Submit the certificate of completion and proof of passing grade with your application.

**IX. iaedp™ Membership Requirement**

Provide iaedp™ membership number. Submit proof of current membership with your application.

iaedp™ membership number: # \_\_\_\_\_

(You must be a member of iaedp™ in order to apply for the CEDS/RD/RN/CAT.)

**X. History of Arrests, Convictions, Disciplinary Proceedings, Ethics Hearings, Malpractice, etc.**

List incident and/or charge, dates involved, and the outcome.

Incident/Charges	Dates	Outcome

(If necessary, use additional pages and attach to your application.)

**XI. 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 (include dates, claims, and outcomes):

\_\_\_\_\_

Have you been denied a professional license, certification, registration, or permit?

Yes  No

If yes, please explain:

\_\_\_\_\_

Have you voluntarily surrendered or resigned any professional license, certification, registration, or permit?

Yes  No

If yes, please explain:

\_\_\_\_\_

(If necessary, use additional pages and attach to your application.)

**XII. iaedp™ Professional Code of Ethics Statement**

iaedp™ is committed to excellence in the ethical practice of professionals who treat people with eating disorders. Given the psychological, behavioral, social, cultural, medical, biological, familial, and legal complexities of working with people with 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 patients, families, colleagues, ancillary professionals, and the community. iaedp™ expects members to act in accordance with the ethics outlined by their respective disciplines and/or the American Psychological Association (APA). Ethical concerns brought to the attention of iaedp™ are reviewed by the Ethics Committee and recommendations are submitted to the Board of Directors for resolution.

**Duty to inform:** Members are required to advise iaedp™ staff in writing if they are cited for any ethical violation or charge by a licensing or certification board, agency, or organization, within 60 days of its occurrence. The reason for the citation and any supplementary information relevant to the charge should be included. Members are also required to advise iaedp™ of actions taken by the organizations involved and the resolution of the charge by the entity (or entities) involved. Such actions may lead to the suspension and/or termination of your membership, certification, and/or supervision privileges subject to review and determination by the managing director and board of directors.

**I have read and understand my profession’s Code of Ethics or, if applicable, that of the APA; I agree to conform to these.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(This must be authentically signed by applicant – typed signatures are not valid)

**XIII. Photograph**

*Submit a photograph of you with this application.*

**XIV. Required Fee**

*Submit a non-refundable fee of \$150 with this application.*

**XV. Renewal of Certification Policy**

*Every two years, the following are required for certification renewal:*

- a. Verify active license, credential, or certification that permits you to practice.
- b. Provide copies of certificates of completion for 20 CE hours specific to the treatment (therapy, nutrition, and/or medical care) of feeding and eating disorders per the DSM-5. General topics such as mindful eating, picky eating, and general therapeutic modalities may account for up to two of these 20 CEs. Required CE hours must have been acquired *within* your two-year renewal period.
- c. Submit a completed iaedp™ Application for Renewal of Certification with payment of \$150.00 prior to the expiration date of your certification. CEDS/RD/RN/CAT designation is *not valid* if expired.
- d. Attend an iaedp™ Symposium once every four years.

**XVI. Late Renewal Policy**

Late fee of \$125 will be incurred for renewals that have expired 30 days past after any CEDS/RD/RN/CAT certification or iaedp™ membership expiration date. Failure to renew within 90 days of either expiration date will result in revocation of your CEDS/RN/RD/CAT status. To use the CEDS/RN/RD/CAT designation again, a new application with all new corresponding documentation would then be required for committee review and potential approval.

In affixing my signature to this application, I certify, under penalty of perjury, that all statements made herein are true to the best of my knowledge. In addition, I understand that certification as a CEDS, CEDRD, CEDRN, or CEDCAT is not a license to practice as a healthcare professional or an authorization to collect fees for services. I accept that an iaedp™ Application for Renewal of Certification is required every two years (along with the applicable fee). I certify that all statements made herein are true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(This must be authentically signed by applicant – typed signatures are not valid)

### **Submit Online**

**Submission Portal:** (www.iaedp.com, refer to Certification/Overview)

#### **Checklist for Items to Include:**

- This application, completed in full
- iaedp™ Traditional Certification-Specific CV
- Copy of current license(s)/certification(s)/credential(s)
- Certificates of completion, Core Courses
- Certificates of completion, CEs
- Case study
- Approved Supervisor Documentation Form(s)
- LOR (3)
- Documentation of passing iaedp™ Certification Final Examination
- Copy of iaedp™ membership
- Photograph (1)
- Non-refundable application processing fee of \$150.00

#### Tips for online submission:

- Your online process will not be saved if interrupted. Have all documents/files prepared before logging in.
- You will need to scan sections with multiple pages (e.g., certificates of completion and licenses) to one PDF document *per section*. *Please visit the online submission form for clarification.*
- There is a 30mb limit for uploads.
- A confirmation of receipt of payment will inform you that your application was successfully submitted.

If you require an alternative form of submission, contact [certification@iaedp.com](mailto:certification@iaedp.com) or call 800-800-8126 x84.

**Please allow up to 90 days from receipt for a complete review of this application.**  
*Incomplete applications will result in a delay in processing time.*

**Retain a copy of your submission materials for your records.**

**Thank you for your application!**