



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

Application for Renewal of Certification
(Must be TYPED; therefore, complete form on your computer and print copy)

*All professionals certified through IAEDP **MUST** maintain their IAEDP membership. A lapse and/or delinquency in said membership can and will result in a suspension of certification until the membership account has recovered from its delinquent status.

I. Identifying Information

Name: _____
 (Type name as you would like it to appear on the certificate)

Degree(s): _____ License(s): _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Country: _____

Job Title: _____

Employer Name: _____

Work Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Country: _____

E Mail Address: _____ Fax: () _____

II. Academic Information

List any academic degrees earned since being granted certification or since last renewal: **Submit Copy**

List any licenses or certificates awarded since being granted certification or since last renewal, where held or awarded, dates awarded: **Submit Copy**

License/Certificate	Where Held or Awarded	Date
_____	_____	_____
_____	_____	_____

Any ethical, legal, or professional proceedings, ethical hearing, malpractice, etc. since being granted certification or since last renewal? Yes _____ No _____

If yes, please explain: _____

VII. Additional Required Documentation

- _____ A. Enclose \$150 non-refundable application fee to cover cost of processing (fees are subject to change)
- _____ B. Enclose copies of Certification of Completion for all continuing education courses or workshops listed on the application (20 approved CEU/contact hours).
- _____ C. Enclose copies of all current licenses and certifications. Licenses and certifications submitted for **IAEDP** certification and/or recertification **MUST BE MAINTAINED**.
- _____ D. Documentation of iaedp symposium attendance (date attended, which will be verified). Certified members must attend at least one iaedp symposium every four years (two renewal periods).

VIII. Ethics Statement: Signature required
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 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.

Signature _____ Date: _____

IX. Signature Required

In affixing my signature to this application, I certify that all statements made herein are true to the best of my knowledge.

Signature: _____ Date: _____

X. Mailing/FAX Instructions

_____ Mail TYPED and COMPLETED application (include everything on this checklist) by **regular (NOT CERTIFIED) mail** to the following:

International Association of Eating Disorders Professionals
Attention: Certification Application
PO Box 1295
Pekin, IL 61555-1295

No certified mail will be accepted since this is a post office box and no signature can be required. If you choose to track the package, make sure you select the option that does NOT require a signature at delivery site, or a delay and/or mail return will occur.

_____ Or FAX the TYPED and COMPLETED application (include everything on this checklist) to this number:
Fax (800) 800-8126

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.

Revised Oct2015 TB