

MUST BE TYPED

Applicant –

Complete section I and provide this form to supervisor to complete remainder of sections

Supervisor –

Complete sections II-VII 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
 1. Complete the section I chart below for total hours supervised regardless of number of supervisors
 2. Use separate forms for each supervisor to complete sections II-VIII.
 3. Please note number of supervisors here _____

Applicant/Supervisee Information:

Name and Credentials
Address
Email Address
Telephone

<p>Hours accrued after registration or licensure with state or national board:</p> <p><u>Effective July 2018</u></p> <p>Therapists – After registration number is acquired, post-graduation, through your state. Registered Dietitians – After registration number is acquired through Commission on Dietetics Registration (CDR) Medical Providers – After permanent license number is obtained through state Nurses – After state licensure number is acquired</p> <p><u>Effective January 2021</u></p> <p>Physical and Occupational Therapists - After state licensure number is acquired</p>	
License or Registration #	Date Originally Licensed/Registered:
<p>Total Eating Disorders Hours of Experience</p> <ul style="list-style-type: none"> • 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 	<p>_____</p> <p>(2500 hours minimum)</p>

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 their supervised eating disorders experience. Please complete this form and return it to the applicant to be included with their completed Certification Application.

Supervisor's Information:

Name and Credentials Address Email Address Telephone

iaedp™-Approved Supervisor #	Date Approved for iaedp™-Approved Supervisor	License type and state or Registration # (RD)	Date Originally Licensed or 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 Supervision Provided	Total Logged Eating Disorders Hours

Breakdown of hours performed by supervisee under your iaedp™ supervision:

Direct Patient/Client Service			
		Using criteria before 3/18/2021*	Using criteria on or after 3/18/2021**
<p><i>*If supervision started before 3/18/21, either criteria set may be used.</i> <i>**If supervision started on or after 3/18/21, these criteria must be used</i></p>			
Direct Patient/Client Service	Direct Client Service-activities directly related to treatment of client/patient including face to face interaction, case conceptualization, team coordination of care and treatment documentation	>75% of hours from patient care	>80% of hours from patient care
	Total Direct Hours	<div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> (1875 minimum)	<div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> (2000 minimum)
Indirect Patient/Client Service			
		Up to 25% of hours	Up to 20% of hours
Supervision	Individual Supervision <i>*Pre 3/18/21: 1 or 2 people = Individual Supervision</i>	At least 75% of supervision hours from Individual supervision* <div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div>	At Least 50% of supervision hours from individual supervision <div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div>
	Group Supervision <i>**After 3/18/21: 2+ people = Group Supervision</i>	Up to 25% of supervision hours from Group supervision <div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div>	Up to 50% of supervision hours can be from Group** <div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div>
	Total Supervision Hours <i>***1 hour per month over at least 24 months</i>	<div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> Combined Supervision hours minimum 21 hours	<div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> Combined supervision hours minimum 24 hours***
Other Indirect Hours	Case-based learning/teaching, community presentation, program development, teaching on eating disorder topics, coursework and readings, blog entries and other writings, case study, journal clubs.		
	Total Indirect Hours	<div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div>	<div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div>
Total Hours: Direct Hours (at minimum criteria) plus Indirect Hours must equal or exceed 2500 Hours		<div style="background-color: cyan; width: 100px; height: 15px; margin: 0 auto;"></div>	<div style="background-color: cyan; width: 100px; height: 15px; margin: 0 auto;"></div>

V. RATING OF APPLICANT'S PERFORMANCE

a. Overall Rating:

- Superior
- Acceptable
- Unacceptable

b. Areas of Strengths

c. Areas for Growth: (required, "None" or "N/A" are not acceptable)

d. Remarks: Do you have any concerns you feel the iaedp™ Certification Committee should know about this applicant's path towards their certification as an eating disorders specialist?

VI. AUTHORIZING SIGNATURE

I declare under penalty of perjury that the foregoing is true and correct.

iaedp™-approved Supervisor's Signature

Date