





**iaedp™ Approved Supervisor Application**

[www.iaedp.com](http://www.iaedp.com)

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

Email: [certification@iaedp.com](mailto:certification@iaedp.com)

PLEASE HIGHLIGHT ALL EATING DISORDER-RELATED WORK EXPERIENCE DURING THE LAST TEN YEARS, if different from above:

(Please include title/position and location of employment as appropriate)

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PLEASE LIST ALL LICENSES AND/OR CERTIFICATIONS HELD:

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PLEASE EXPLAIN YOUR AREA OF EXPERTISE (Individual, Group, Family, etc.):

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PLEASE EXPLAIN YOUR THEORETICAL ORIENTATION (Cognitive behavioral, Psychodynamic, Family systems, etc.):

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Has there ever been any ethical, legal, or professional malpractice claims, etc. brought against you? (Must check one): Yes  No

If yes, please explain (use additional pages if necessary):

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**DOCUMENTATION:**

- Enclose a current copy of your CV/resume.
- Enclose a copy of all current licenses or registrations.
- Enclose a copy of the first two pages of your current malpractice insurance policy that addresses actual coverage
- Enclose three (3) letters of recommendations from professional colleagues who are familiar with your work in the field of eating disorders. If you are applying for Certification simultaneously, you may use the same three letters of recommendation if at least ONE of those three letters addresses your skill as a supervisor. A current supervisee is not eligible to write a recommendation letter.
- Enclose the \$75 non-refundable, one-time application fee.

**SIGNATURES REQUIRED: (Hand signed or digitally verified)**

I attest that the information provided on this application is true and correct to the best of my knowledge. I will abide by the requirements of iaedp™ as related to applicant certification and generally accepted principles of supervision, professionalism, ethics, and practice standards.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

I have checked with my local licensing board and/or malpractice insurance carrier and I may provide consultation/supervision to iaedp™ members.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that iaedp™ will conduct random, routine audits on Approved Supervisors every two years. It is my responsibility to contact iaedp™ with any changes that occur in my contact information and/or my professional status.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



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**II. Submit Completed Application and Documents**  
[Online](http://iaedp.com/certification) at [iaedp.com/certification](http://iaedp.com/certification).

Tips for online submission

1. Have all documents ready before logging in. Process will not be saved if there is interruption.
2. 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.
3. 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](mailto:certification@iaedp.com) or call 800-800-8126 x84.

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