

EMDR SINGAPORE

Certification - Application Form

Title: Dr/Prof/Mr/Ms/Mdm

Last Name: _____ First Name: _____

Correspondence Address: _____

_____ Postal Code: _____

Telephone number: _____ (Home) _____ (Mobile)

Email Address: _____

EMDR Website listing: Yes No

Organisation: _____

Address: _____ Postal Code: _____

Telephone number: _____ (Office) _____ (Mobile)

Email Address: _____

Highest Degree Obtained & Field of Study (MA, MSW, PhD, MD, DPsych, etc): _____

Institution & country where received: _____

Date/Year received: _____

Please answer the following questions and submit the relevant documents:

(1) Approved Basic Training recognised by EMDR Singapore

Have you submitted your Certificate of Completion of an approved EMDR Basic Training programme? Yes No

Documentation certified by: _____

Profession: _____ License Number (if any): _____

(2) Professional Practice

Do you have at least two (2) years of clinical work experience in your field of practice (psychology, social work, counselling, psychotherapy, or psychiatry) OR 500 hours of professional client contact hours? Yes No

Documentation certified by: _____

Profession: _____ License Number (if any): _____

(3) EMDR Practice

Have you conducted at least 50 EMDR sessions with no less than 25 clients (within the last 3 years of submitting this application)? Yes No

Documentation certified by: _____

Profession: _____ License Number (if any): _____

(4) EMDR Consultation post EMDR Basic Training

Have you had at least 15 hours of case consultation with an EMDR Singapore Approved Consultant after the completion of your EMDR Basic Training? Yes No

NOTE: At least 5 of these hours must be obtained through individual consultation. The remaining 10 hours may be obtained through small group consultation (max 4 pax/group for a minimum of a 2-hour session – i.e. at least 30 minutes of case consultation per person).

(5) EMDR Singapore Membership

Are you a current Full member of EMDR Singapore? Yes No

(6) Payment of Certification Application Fee of SGD50

I have included a cheque payment to “EMDR Singapore”: _____ (cheque no);
OR

I have made online payment via PayNow (UEN: T10SS0113F) on _____ (date)
OR

I have made payment via direct bank transfer (OCBC: 629-353830-001) on
_____ (date)

(7) Declaration Statement

I confirm and acknowledge that the information I have submitted is true. I understand that I may be subjected to random checks to verify the information submitted.

I have read and agree to adhere to EMDR Singapore’s Professional Code of Conduct, and understand that this adherence will apply to me regardless of my EMDR Singapore membership status.

Signature of Applicant

Name of Applicant

Profession

License Number (if any)

Date

Signature of Witness

Name of Witness

Profession

License Number (if any)

Date

Please post “Renewal of Certification” application form, supporting documents and payment to: Certification Committee, c/o Ms. Linda Wan-Koh, 80B Lorong J Telok Kurau, Singapore 425885.