

EMDR SINGAPORE

Renewal of 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 complete the following:

(1) Most recent EMDR Singapore Certified EMDR Practitioner

Have you previously obtained status as an EMDR Singapore Certified EMDR Practitioner within the last 3 years?

Yes No

Certification validity period (DD/MM/YYYY – DD/MM/YYYY): _____

(2) Continuing Professional Development (CPD) credit hours

Have you completed a minimum of 18 CPD credit hours in the area of EMDR Therapy within the last 3 years? Yes No

(3) CPD credit hours spread over various types of activities

Which of the following professional development activities have you participated in?
(The 18 CPD credit hours are to cover at least 2 of the 3 types of activities listed below).

a) Informational: Trainings / talks / lectures / conferences / workshops / association peer learning sessions – (online participation accepted);

AND / OR

b) Clinical Practice: Case consultation with an Approved Consultant - individual or group (max 4 pax/group for a minimum of a 2-hour session, i.e. at least 30 minutes of case consultation per person) / full-day workshops that have a practicum component accepted;

AND / OR

c) Research: Relevant publications relating to EMDR / EMDR research focused activity (one publication can count as up to 6 CPD credit hours).

Documentation certified by: _____

Profession: _____ License Number (if any): _____

*Please note that while EMDR Singapore will usually recognise credit hours issued by any sanctioned EMDR Association, there may be exceptions to the rule.

(4) EMDR Singapore Membership

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

(5) Payment of Renewal of Certification Application Fee of SGD20

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)

(6) 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.