

IATP-C Certification Application

Name: _____ Tele: _____

Street address: _____

City, State, Zip: _____

License Type: _____

Dates of Approved Training:

Please submit and attach the following with this completed form

- Documentation of completion of standard EMDR certification through EMDRIA
- A letter, written by you, stating you have practiced the IATP-C with at least 5 families and with a minimum of 30 therapy sessions
- A letter recommending your certification as an IATP-C therapist by an IATP-C approved consultant.
- Two letters from colleagues attesting to your ethics in practice and professional character

Please email to angi.decapp@gmail.com