

EMDR SINGAPORE

RENEWAL OF CERTIFICATION - APPLICATION FORM

Title: Dr/Prof/Mr/Ms/Mdm

Last Name: _____ First Name: _____

Address: _____

_____ Postal Code: _____

Telephone number: _____ (Home) _____ (Mobile)

Email Address: _____

Please complete the following and submit the relevant documents.

(1) Status of EMDR Singapore Certified EMDR Practitioner

Have you previously obtained status as an EMDR Singapore Certified EMDR Practitioner within the last 3 years. Please provide a copy of the certificate.

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). Please attach certificates of participation or supporting documents.

a) Informational: Trainings / talks / lectures / conferences / workshops / association peer learning sessions. Online participation is accepted.

No. of hours: _____

AND/OR

- b) Clinical Practice documented by 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 are accepted.

No. of hours: _____

AND / OR

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

No. of hours: _____

*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 Certification Application Fee of SGD20 (Non-refundable)

I have made online payment via PayNow (UEN: T10SS0113F)

OR

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

Please attach proof of payment/screenshot.

(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.

Signature of Applicant

Name of Applicant

Profession

License Number (if any)

Date

Please submit this application form and supporting documents to registrar@emdr.sg