ERCEM
The Early Recovery
Couples Empathy Model

Application for ERCEM Specialist Certification

Your Name (as it appears on your license/coaching certificate):

_____

Address:_____City:_____

State:_____ Zip/Postal:_____

Cell Phone:_____

Email Address:_____

Profession (as listed on your license/certificate): _____

State License # _____

Certified Coach? _____ ICF Accredited Coaching Program: _____

Professional development to meet the ERCEM Professional Educational Requirements

Training Date	Title	Speakers

I attest to the following (please initial each):

☐ My professional license or coaching certification is current and in good standing

☐ I have completed the required ERCEM 4-day training as noted above and have provided evidence of the certificate of completion documentation.

☐ I have worked with at least 4 couples who have suffered from complex sexual betrayal trauma for a minimum of 6 months in duration and have received at least 10 hours of clinical supervision as outlined in the certification guidelines.

Please submit an excel sheet logging the dates of your 6 hours of supervision with Carol Sheets and your other hours with Carol Sheets and/or the other consultation facilitators. Make sure to include whether that was in group or individual consultation.

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my licensing board may be contacted.

Sign: _____ Date: _____