



# International Institute for Emotion-Focused Family Therapy

## Application Form for Certification

Name of candidate:

Type of certification:

Address:

Telephone:

Email address:

Professional designation:

**Record of EFFT clinician training days** (refer to specific certification criteria)

- |              |           |
|--------------|-----------|
| A. Modality: | Delivery: |
| Duration:    |           |
| Location:    |           |
| Dates:       |           |
| Trainer(s):  |           |
| B. Modality: | Delivery: |
| Duration:    |           |
| Location:    |           |
| Dates:       |           |
| Trainer(s):  |           |
| C. Modality: | Delivery: |
| Duration:    |           |
| Location:    |           |
| Dates:       |           |
| Trainer(s):  |           |
| D. Modality: | Delivery: |
| Duration:    |           |
| Location:    |           |
| Dates:       |           |
| Trainer(s):  |           |

Additional information:

### **Record of supervision with certified EFFT supervisor(s)**

Minimum 10 hours for EFFT Clinician or EFFT Therapist (individual and/or group)

Minimum 15 hours for Advanced EFFT Therapist (individual supervision only, with video review)

Supervisor name(s):

Individual supervision hours completed:

Group supervision hours completed:

Video review of caregiver block chair-work interventions completed:

Video review of clinician block chair-work interventions completed:

Additional information:

### **The following documents need to be included with this application:**

- 1) Proof of registration with a regulatory body**
- 2) Proof of training and equivalents (e.g., certificates, receipts)**
- 3) Caregiver block chair-work logs and summary form (if applicable)**
- 4) Clinician block chair-work logs and summary form (if applicable)**
- 5) Supervision checklist**

I have made payment for the review of this application, supporting documents, and certification (\$180 USD).

I consent to have my name and practice information listed on the EFFT directory.

### **Please provide your information for the directory:**

Name with professional credentials:

City, Province/State, Country:

Mode(s) of practice (Individual in-person = I; Group in-person = G; Secure Video = V; note all that apply):

Contact information (email OR phone):

**Date:**

**Signature of candidate:**

Please e-mail completed application form and supporting documents in one file to:  
[connect@efftinternational.org](mailto:connect@efftinternational.org)