

Certified EFFT Clinician/Therapist/Advanced Therapist
Credential Agreement with IIEFFT

Individuals certified as EFFT Clinicians, Therapists, and Advanced Therapists agree to the following requirements:

1. EFFT Clinicians, Therapists, and Advanced Therapists adopt the role of ambassadors of the Institute and the model. When engaged in professional service, they are respectful, empathic and open to feedback. They themselves embody the following pillars of EFFT in their stance with clients, caregivers and other clinicians:
 - a. Caregiver involvement and empowerment
 - b. Caregiver skills training
 - c. Emotion processing and affect/nervous system regulation
 - d. Transparency and collaborative decision-making
2. EFFT Clinicians, Therapists, and Advanced Therapists commit to using EFFT techniques, resources and standardised tools (print and online) within the scope of their practices.
3. For continued certification, EFFT Clinicians commit to completing 5 clinician block logs and 5 hours of EFFT-related professional development activities each year (see IIEFFT website for qualifying activities). EFFT Therapists and Advanced Therapists commit to completing 5 clinician block logs, 5 caregiver block logs, and 5 hours of EFFT-related professional development activities each year (see IIEFFT website for qualifying activities). There is also a required administrative fee associated with recertification.
4. EFFT Clinicians, Therapists, and Advanced Therapists are committed to increasing awareness of their own blocks by engaging in regular psychotherapy, supervision, or peer-supervision (regardless of modality). Details are at the discretion of the individual. There is no reporting requirement associated with this criterion.
5. If using audio/video platforms to deliver professional services, EFFT clinicians, therapists, and advanced therapists ensure their platform is secure, encrypted and compliant with healthcare standards in their jurisdiction.

Declaration: I commit to adhere to the aforementioned criteria in order to maintain status as an EFFT Clinician, Therapist, and Advanced Therapist with IIEFFT. I understand that this agreement will be renewed on a yearly basis.

Name:

Date:

Signature: