



International Institute for Emotion-Focused Family Therapy

Application Form for Re-Certification

Name of practitioner:

Type of re-certification:

Record of EFFT Professional Development (minimum total of 5 hours)

A. Modality: Delivery:
Duration:
Location:
Dates: Hours:
Supervisor(s) or Trainer(s):

B. Modality: Delivery:
Duration:
Location:
Dates: Hours:
Supervisor(s) or Trainer(s):

C. Modality: Delivery:
Duration:
Location:
Dates: Hours:
Supervisor(s) or Trainer(s):

D. Modality: Delivery:
Duration:
Location:
Dates: Hours:
Supervisor(s) or Trainer(s):

E. Modality: Delivery:
Duration:
Location:
Dates: Hours:
Supervisor(s) or Trainer(s):

The following documents need to be included with this application:

- 1) Proof of registration with a regulatory body**
- 2) 5 Clinician block chair-work logs and summary form**
- 3) 5 Caregiver block chair-work logs and summary form (if applicable)**
- 4) Credential Agreement**

I confirm I have made an administrative payment of \$40 USD via the IIEFFT website.

I consent to have my name and practice information listed on the EFFT directory.
Please provide any changes to your listing below, if relevant:

Date:

Signature of practitioner:

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