



International Institute for Emotion-Focused Family Therapy

Application Form for Certification: **EFFT Caregiver Workshop Facilitator**

Name of candidate:

Address:

Telephone:

Email address:

Professional designation:

Record of EFFT didactic/experiential training (need equivalent of 4 days)

- | | |
|-----------|-------------|
| A. Hours: | Delivery: |
| Date: | Supervisor: |
| B. Hours: | Delivery: |
| Date: | Supervisor: |
| C. Hours: | Delivery: |
| Date: | Supervisor: |

Record of observation of a caregiver workshop (not required but recommended)

- | | |
|----------|-------------|
| A. Date: | Delivery: |
| | Supervisor: |

Record of EFFT caregiver workshop-specific didactic supervision (minimum 2-6 hours)

- | | |
|-----------|-------------|
| A. Hours: | Delivery: |
| Date: | Supervisor: |
| B. Hours: | Delivery: |
| Date: | Supervisor: |
| C. Hours: | Delivery: |
| Date: | Supervisor: |

Record of EFFT caregiver workshop-specific experiential supervision (minimum 2-6 hours)

- | | |
|-----------|-------------|
| A. Hours: | Delivery: |
| Date: | Supervisor: |
| B. Hours: | Delivery: |
| Date: | Supervisor: |

C. Hours: Delivery:
Date: Supervisor:

Record of post-facilitation supervision (minimum 1 hour)

A. Hours: Delivery:
Date: Supervisor:

B. Hours: Delivery:
Date: Supervisor:

The following documents need to be included with this application:

- 1) Proof of training and equivalents (e.g., certificates, receipts)**
- 2) Paper/Pencil tasks (emotion coaching script builder; caregiver and clinician fluency builders; therapeutic apology worksheets; clinician traps scale)**

I have made payment for the review of this application, supporting documents and certification.

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