



# International Institute for Emotion-Focused Family Therapy

## **Application Form for Certification: EFFT Supervisor**

Name of candidate:

Address:

Telephone:

Email address:

Professional designation:

Date of certification as Advanced EFFT Therapist:

### **Record of observed EFFT supervision sessions**

A. Delivery:  
Date:  
Supervisor:

B. Delivery:  
Date:  
Supervisor:

C. Delivery:  
Date:  
Supervisor:

### **Record of facilitated EFFT supervision sessions (minimum of 8)**

A. Delivery:  
Dates:

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

Supervisor name(s):

Video review of clinician block chair work interventions (as the facilitator) completed:

Video supervision of supervision hours completed:

Experiential supervision hours completed with a Board member:

## **Record of assisted trainings with certified EFFT trainer**

A. Location:

Dates:

Duration:

Trainer(s):

B. Location:

Dates:

Duration:

Trainer(s):

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

### **1) Proof of training and equivalents (e.g., certificates, receipts)**

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](mailto:connect@efftinternational.org)