



# International Institute for Emotion-Focused Family Therapy

## Application Form for Certification: EFFT Trainer

Name of candidate:

Address:

Telephone:

Email address:

Professional designation:

Date of certification as Advanced EFFT Therapist:

### **Record of volunteer EFFT training sessions**

A. Location:

Dates:

Duration:

Trainer(s):

B. Location:

Dates:

Duration:

Trainer(s):

### **Record of co-facilitated EFFT training sessions**

A. Location:

Dates:

Duration:

Trainer(s):

B. Location:

Dates:

Duration:

Trainer(s):

I have recorded a training video on an EFFT-related topic.

### **Record of post-training supervision with EFFT Board member**

Board member's name:

Video supervision on delivery of at least two different EFFT modules:

Experiential supervision hours:

**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)