



**ERCEM**  
The Early Recovery  
Couples Empathy Model

### Application for ERCEM Specialist Certification

Date: \_\_\_\_\_

Name (as it appears on your license): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Profession (as listed on your license): \_\_\_\_\_

State License # \_\_\_\_\_

Coaching ID#: \_\_\_\_\_ Year Issued: \_\_\_\_\_ ICF or Accredited: Y / N

#### Professional development to meet the ERCEM Professional Educational Requirements

Training Date	Title	Speakers	Training Organization	CEUs Awarded
			ERCEM	22.75

I attest to the following (please initial each):

( ) My professional license is current and in good standing

( ) I have completed the required education clock hours of training as noted above and have provided evidence of the training certificate/training log and documentation.

( ) I have worked with at least 4 couples who have suffered from complex sexual betrayal trauma for a minimum of 6 months in duration and have received at least 10 hours of clinical supervision as outlined in the certification guidelines.

Please submit an excel sheet logging the dates of your 6 hours of supervision with Carol Sheets and your other hours with Carol Sheets and/or the other consultation facilitators. Make sure to include whether that was in group or individual consultation.

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked and my licensing board may be contacted.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Date