



Help.Them.Heal.

Application for Early Recovery Couples Empathy Specialist

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

Expectations to be an ERCEM Specialist:

My professional license is current and in good standing

I will complete the required education clock hours of training as noted above, and have provided evidence of the training certificate/training log and documentation.

I will work with at least 10 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.

I will 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 and they have been verified. Include whether that was in group or individual consultation.

_____. _____.

Name Cell Number Date