



Section V: Second reference in support of the application for EMDR Europe Accreditation

This reference forms part of the application process for accreditation as an EMDR Europe Practitioner

I support this application for EMDR Europe Accreditation as an EMDR Europe Practitioner for:

Name of Applicant:

I know the applicant from the following context:

Please click on box:

Head of Service/ Clinical Manager

Professional Colleague

Academic Colleague

Clinical Supervision Group member

To the best of my knowledge I can confirm that the applicant's professional practice is in accordance with the ethical guidelines of their respective professional organisation.

Please print name:

Signature:

Date:

Please note that only electronically completed documentation will be considered. In order for your application to be considered thoroughly, please ensure that all necessary information is provided.

Incomplete applications will be returned to applicants.

Thank you for your application.

Alison Russell - Chair, EMDR UK Accreditation Committee