Therapist Certification Checklist for Supervisor Verification and Signature

To be completed and signed by the ICEEFT Certified Supervisor

Applicant: _____ Supervisor: _____

Email: _____ Email: _____

Total Supervision Hours: _____ Modality (circle one): EFCT EFIT EFFT

(8 HRS REQUIRED WITH SIGNING SUPERVISOR. Supervision from a **Supervisor Candidate** will meet this 8-hour Supervisor requirement if this form is signed by the supervising mentor of the **Supervisor Candidate** after reviewing both certification video examples and the application materials.)

The following documents for the applicant have been submitted and reviewed by the Supervisor:

- ☐ ICEEFT Membership
- ☐ Membership in professional association (e.g., AAMFT)
- ☐ Graduate degree (in relevant discipline / mental health field)
- ☐ Current therapy practice with modality-relevant caseload and a minimum of three (3) years of post-degree clinical experience
- ☐ Fully licensed / registered to practice in the state / province / region where applicant resides
- ☐ Proof of malpractice / liability insurance
- ☐ Proof of application fee payment to ICEEFT
- ☐ Certificates for required trainings & confirmation of all other modality-specific requirements
- ☐ Three (3) professional reference letters, cover letter and CV
- ☐ Case conceptualization / description and transcript for each video
- ☐ Video release forms signed by each client
- ☐ Submitted **one** video and received trainer feedback

Name of Trainer: _____

In my supervision of the applicant (8 hrs. minimum), I certify that the applicant demonstrates competence in EFT skills within the context and scope of their clinical work and in their two video examples.

_____ _____

SUPERVISOR SIGNATURE DATE