



Supervisor Certification Checklist

(To be completed and signed by the ICEEFT Certified Supervisor
– i.e. certified for the applicable EFT modality and given to the applicant)

Applicant: _____

Supervisor: _____

Email: _____

Email: _____

Total Supervision Hours

Modality (EFCT, EFIT, EFFT) – circle one

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

- ICEEFT MEMBERSHIP
- GRADUATE DEGREE
- CURRENT PROFESSIONAL MODALITY RELATED PRACTICE
- PROFESSIONAL ORGANIZATION / LICENSE / REGISTRATION
- PROOF OF LIABILITY INSURANCE
- CERTIFICATES FOR REQUIRED TRAININGS & CONFIRMATION OF ALL OTHER MODALITY SPECIFIC REQUIREMENTS
- THREE PROFESSIONAL REFERENCE LETTERS
- CASE CONCEPTUALIZATION DESCRIPTION FOR EACH VIDEO
- VIDEO RELEASE FORMS SIGNED BY CLIENTS
- SUBMITTED **ONE** VIDEO FOR TRAINER FEEDBACK

NAME OF TRAINER: _____

- SUPERVISOR AND APPLICANT REVIEW TRAINER FEEDBACK

In my supervision and/or review of **two** video segments, I certify that the applicant demonstrates competence in EFT skills.

Supervisor Signature