



## 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

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

- ICEEFT MEMBERSHIP
- MEMBERSHIP IN PROFESSIONAL ASSOCIATION (e.g., AAMFT)
- POST GRADUATE DEGREE (IN RELEVANT DISCIPLINE / MENTAL HEALTH FIELD)
- CURRENT PROFESSIONAL MODALITY-RELATED PRACTICE
- LICENSED / REGISTERED TO PRACTICE IN 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 PROFESSIONAL REFERENCE LETTERS
- CASE CONCEPTUALIZATION DESCRIPTION FOR EACH VIDEO
- VIDEO RELEASE FORMS SIGNED BY CLIENTS
- SUBMITTED **ONE** VIDEO AND RECEIVED TRAINER FEEDBACK

Name of Trainer: \_\_\_\_\_

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

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date