

REGISTRANT INFORMATION (Please Print if Mailing in Registration)

Name: _____

Address, City, State, Zip: _____

Phone: _____ E-Mail: _____

Professional License & License Number: _____

Date & Location of Training Registering for: _____

*Students/Interns and Therapists under supervision must complete the Supervisor/Intern Contract Provided

I am registering for EMDR Therapy Basic Training:

☐ Full Course (Course qualifies for 50 EMDRIA CEs)

☐ W2 only

Who was your training provider for W1? _____

Please provide documentation.

☐ Consultation only \$125/5 hours of group consultation

TOTAL AMOUNT DUE: _____

PAYMENT: ☐ Paypal/Credit Card

☐ Check _____ Amount/Check number

PARTICIPANT AGREEMENT

- Please read and acknowledge the following agreement prior to commencing EMDR therapy basic training.
 - Current research is limited to the applications of EMDR to trauma-related disorders.
 - All participants must be licensed in the mental health field, or, if not licensed, have completed masters level coursework, currently in a licensing track and supervised by a licensed clinician with the appropriate letter on file.
- Participants under supervision must complete our Supervisor/Intern contract and send a copy with registration to TAPIA COUNSELING AND PSYCHOLOGICAL SERVICES/Tapia Training.
 - A target memory could be linked to unexpected, disturbing material or memories.
 - Case material presented didactically or on video/DVD may be disturbing to those with unresolved personal issues. In addition:
 - Participants presently engaged in personal therapy should seek permission from their therapist before participating in this training.
 - Participants who presently have a dissociative disorder should not participate without special arrangements being made with the TAPIA COUNSELING AND PSYCHOLOGICAL SERVICES/Tapia Training.
 - Participants with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult their medical professionals before participating.
- Since the processing of targeted incidents may continue after the training, other dreams, memories, etc., may surface. In such cases, it is the responsibility of the participant to seek and obtain appropriate assistance. Providing such assistance is not an extension of the training. Clinicians who wish to continue with personal EMDR therapy can request referral information from our training staff.
- These experiential workshops, Weekend 1 and Weekend 2, are for clinical and research purposes only and will not qualify the participant to train others in EMDR therapy.
- Audio/video taping is prohibited.
- A Continuing Education Certificate will be issued only to those who attend the entire training and participate in the practice exercises on all 3 days.
- CASE CONSULTATION: To be admitted to Weekend 2 of the training, documentation showing completion of 5 consultation hours with an EMDR Institute Facilitator is required (List of Facilitators and Consultation Sign Off Form will be in the Weekend 1 manual). A CE Certificate and Certificate of Completion will be issued only to those who complete the Weekend 2 training and have completed 10 hours (5 hours prior to Weekend 2 and 5 hours after Weekend 2) of case consultation with an EMDR Institute Approved Facilitator.

The undersigned acknowledges that (s)he has been advised & understands the above participant agreement and is responsible for the total amount due BEFORE training begins (unless otherwise arranged):

Signature: _____ Date: _____