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**EMDR Basic Training Application**

Please print this form, complete it and mail, fax (203-329-2701) or email it to me.

Please include the following:

- ☐ A copy of your professional license OR letters required for non-licensed applicants from your clinical supervisor
- ☐ The participant agreement form
- ☐ Personal check, cashier's check or money order
- ☐ A copy of your Curriculum Vitae

If applying for reviewer discount, please submit:

- ☐ Certificate of Completion of EMDR Basic Training

NAME: \_\_\_\_\_

DEGREE: \_\_\_\_\_ PROFESSIONAL LICENSE: \_\_\_\_\_

STATE AND LICENSE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS TRAINING?

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WHAT TYPE OF TRAUMA THERAPY TRAINING AND EXPERIENCE DO YOU HAVE?

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