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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?

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