

The EMDR Center of Canada

EMDRIA Advanced Group Consultation Agreement

This agreement is being made between _____ (Consultee or 'I') and JASMINE ALEXANDER, MA, RPC, RCC, CCC, CCPCPR who is an EMDRIA Approved Training Provider, an EMDRIA Approved Consultant, and the Director of Training and Founder of The EMDR Center of Canada Inc.

- _____ Initial 1. I understand I am consenting to receive EMDR Consultation from Jasmine Alexander MA, RPC, RCC, CCC, CCPCPR who is the Director of Training at The EMDR Center of Canada. I understand my Consultant is an EMDRIA Approved Training Provider, an EMDRIA Approved Consultant, and an EMDRIA Certified Therapist.
- _____ Initial 2. I understand the purpose and main objective of this consultation group is to increase Consultee's skills in the appropriate use and application of EMDR Therapy with complex cases. Under this consultation agreement, I understand specific learning objectives such as perceptual, conceptual, and functional skills involving the theoretical, practical and technical application of the AIP model and EMDR as a method of psychotherapy will be addressed for treating specialized populations.
- _____ Initial 3. I understand the focus of the group consultation will be discussing the appropriate application of modified and advanced protocols for the treatment of Complex PTSD, Dissociative Disorders, and other complex trauma related clinical syndromes. EMDR case formulation, case conceptualization, and treatment planning skills will also be addressed.
- _____ Initial 4. I understand that hours accrued in this advanced consultation group will **not** count toward EMDRIA Certification.
- _____ Initial 5. I understand that by joining this group, all consultees are expected to participate and be prepared to present case material for discussion for each consultation meeting. Each participant is required to complete the EMDR Case Inquiry Format, MID, and other relevant clinical history forms before presenting case material. Case material must be uploaded into box.com. Precedence to discuss case material will be given in the order in which they were received when case material is uploaded to box.com
- _____ Initial 6. I understand it is my responsibility to notify clients I may seek consultation regarding their case. I agree that I will obtain written informed consent for consultation prior to presenting any case material to Consultant. I understand I need to omit or redact any and all potentially identifying information from written materials and in oral discussions with Consultant. As a member of this group, I will treat any information presented by group members as confidential.
- _____ Initial 7. I understand that before each consultation **in which I will present a client and case material, I will prepare and submit a written EMDR Case Inquiry Format** with behavioral work samples (with near verbatim transcript if applicable). I understand the purpose of preparing this Case Inquiry Format is to assist my Consultant in providing a rich learning experience for myself and other Consultees registered in the group.
- _____ Initial 8. I acknowledge my Consultant will track our time spent together in consultation. I understand my Consultant will retain documentation of our consultation together for a minimum of five years from the date our work together concludes. I further understand that at the end of each calendar year, my Consultant will provide documentation of consultation hours. Should I require documentation prior to the end of the calendar year, I agree to notify my Consultant in writing of my request.

- _____ Initial 9. I understand that I am expected to demonstrate proficiency and fidelity to the Standard Protocol and have an awareness of situations whereby modifications to the Standard Protocol are necessary in order to safely and effectively treat clients. This may include reading and advanced training outside our consultations.
- _____ Initial 10. I understand my Consultant will keep abreast of current trends and changes happening within EMDR and trauma treatment. My Consultant will provide me with new information and accommodate my learning needs as long as it stays within the scope of my Consultant's knowledge base. I understand my Consultant will refer me to another Consultant if my needs are beyond the scope of what my Consultant is able to provide.
- _____ Initial 11. I understand that consultation is not supervision, and that no supervision or employment relationship exists between Consultant and Consultee. Consultation focuses on the mastery of the Standard Protocol of EMDR Therapy and integrating EMDR Therapy into my clinical practice. I understand I am responsible for the therapeutic relationship with my clients and competency in the modalities I offer to my clients. Consultant does not hold liability for how Consultee practices. Consultee affirms he or she is independently registered or credentialed to practice psychotherapy in his or her jurisdiction, maintains malpractice insurance and that Consultee – or Consultee's legally mandated supervisor if any - **remains solely responsible** for the nature and quality of services provided to Consultee's clients. Consultee will at all times rely on his or her own judgment and discretion in offering psychotherapy services to Consultee's clients. Consultant will provide information based on research, scholarly consensus and Consultant's clinical experience for Consultee to consider.
- _____ Initial 12. I understand I am expected to practice within the ethical guidelines of my licensing and professional associations. EMDRIA states if there is no professional association, then the APA's code of ethics will be the standard for all EMDRIA members. I understand it is my responsibility to stay current on both the laws and ethics applicable to my jurisdiction of practice. Consultee will at all times rely on their own judgement and discretion in offering psychotherapy services to Consultee's clients.
- _____ Initial 13. I understand Consultant will facilitate a friendly, safe, and non-judgmental learning environment during this teleconference group. If differences arise, both Consultant and Consultee will seek to resolve any issues in a professional and mutually beneficial manner, including, if necessary, bringing in a third party.
- _____ Initial 14. I agree to pay a fee of \$70 for each session for the telephone series I am signed up for. I understand my credit card will be charged on the day of the teleconference group. **I understand no refunds will be given, nor will I be given the option to attend an alternate group session, if I am unable to attend one or more group sessions for which I am registered for.**
- _____ Initial 15. I understand once this form is submitted, I will receive an **email** which will contain a conference phone number and pin; the EMDR Case Inquiry Format Blank Template for which I will use for submitting case material; and an invitation to securely share case files via a free account on Box.com. I understand the phone number provided will be for a local number in Canada (or a local number in the USA), and I am responsible for any long-distance charges accrued. I understand I also have the option to join the call free of charge via the internet.

Teleconference Advanced Group Consultation Dates

Please initial and indicate the teleconference group you are registering for:

_____ **SATURDAY** Teleconference Group --- **8am – 10am (PST)**
Initial Maximum of 6 participants

*September 5, October 3, December 5, January 9,
February 6, March 6*

Credit Card Information

NAME OF CONSULTEE:

Card Holder's Name as it appears on Credit Card

Card Type:

VISA MASTERCARD

Card Number

Expiration Date: _____ CVC: _____

Card Holder's Signature

Today's Date: _____

Card Holder's Billing Address

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE NUMBER: (_____) _____

EMAIL: _____

Please print legibly

My signature below indicates I have read, understood and consent to all of the above conditions

Print Name

Signature of Consultee

Date

Please scan and email your Registration Form to: training@emdrcenterofcanada.com