

The EMDR Center of Canada

EMDRIA Certification 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 Trainer, an EMDRIA Approved Consultant, and the Director of Training at The EMDR Center of Canada.

- _____ Initial 1. I understand I am consenting to receive EMDR Consultation from Jasmine Alexander MA, RPC, RCC, CCC, CCPCPR who is an EMDRIA Approved Trainer and EMDRIA Approved Consultant.
- _____ 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. 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.
- _____ Initial 3. I understand the focus of this group consultation will be on the **mastery of Standard EMDR protocols** for the treatment of PTSD, Specific Phobias and other trauma related clinical syndromes as described in Francine Shapiro's text (2001, 2018) and Andrew M. Leeds text (2016). EMDR case formulation and treatment planning skills will also be addressed. Screening procedures and issues of differential diagnosis for dissociative and personality disorders may also be addressed and discussed as necessary.
- _____ Initial 4. I further understand that in order to **meet EMDRIA standards for hours accrued toward Certification in EMDR, the focus of this consultation group will be on the mastery of the Standard EMDR Protocols.** Consultee agrees that modified EMDR Treatment Protocols to treat those with dissociative or personality disorders will **not** be addressed and will **not** be counted toward EMDRIA Certification hours.
- _____ Initial 5. I acknowledge that consultation will focus on the principles and fidelity in the application of EMDR treatment for cases presented. (Evidence of fidelity in the use of EMDR: Meta-analysis of EMDR treatment outcome research shows that degree of fidelity to the standard EMDR protocol and the AIP model predict degree of client improvement.) I understand my Consultant will discuss with me at each review of procedural fidelity regarding general and specific issues of satisfactory and unsatisfactory procedural fidelity.
- _____ Initial 6. 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 demonstrate satisfactory fidelity to the Standard EMDR protocol / and procedural steps as described in Francine Shapiro's text (2001, 2018) and Andrew M. Leeds text (2016), and to assist my Consultant in providing a rich learning experience for myself and other Consultees registered in the group.
- _____ Initial 7. I understand that before my Consultant will write a letter in support of EMDRIA certification for me, I need to **demonstrate satisfactory fidelity to the Standard EMDR protocol / procedural steps.** I understand more than one review is generally needed to provide evidence of satisfactory fidelity for both procedural steps, case conceptualization and treatment planning and implementation. I further understand *I may need to complete more than the minimum number of consultation hours required* by EMDRIA to demonstrate satisfactory fidelity. I understand I may need to pursue additional study of the standard texts or obtain additional training in order to demonstrate satisfactory fidelity in the use of EMDR. Consultant *recommends* for consultee to begin presenting work samples of reprocessing sessions by the 3rd or 4th hour of consultation.
- _____ Initial 8. 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 9. I understand and agree that no supervision or employment relationship exists between Consultant and Consultee. 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 10. I understand I will receive credit for individual consultation hours when I present and discuss my case material on the use of EMDR Therapy for at least 20 minutes. I further understand that at the end of each calendar year, Consultant will provide documentation of consultation hours. Should I need documentation prior to the end of the calendar year, I agree to notify Consultant in writing of my request.
- _____ Initial 11. I understand Consultant will facilitate a friendly 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 12. Consultee agrees to abide by the Code of the Ethics of the professional organization(s) to which Consultee belongs.
- _____ Initial 13. I understand this teleconference group is structured so that I have the freedom to sign up for which dates are best suitable for my schedule to receive consultation. I understand there is a minimum of 4 consulees for each group consultation to a maximum of six consulees. I further understand that precedence to discuss case material will be given in the order in which they were received.
- _____ Initial 14. 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, and I am responsible for any long-distance charges accrued.
- _____ Initial 15. I agree to pay a fee of \$70 for each date for which 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.**

EMDRIA Teleconference Group Consultation Dates		
Please initial and indicate the teleconference dates you are registering for:		
_____ Initial	<input type="checkbox"/> MONDAY APRIL 15	--- 6pm – 8pm (PST)
_____ Initial	<input type="checkbox"/> MONDAY MAY 13	--- 6pm – 8pm (PST)
_____ Initial	<input type="checkbox"/> MONDAY JUNE 10	--- 6pm – 8pm (PST)
_____ Initial	<input type="checkbox"/> MONDAY JULY 8	--- 6pm – 8pm (PST)
_____ Initial	<input type="checkbox"/> MONDAY AUGUST 5	--- 6pm – 8pm (PST)

Credit Card Information

NAME OF CONSULTEE:

Card Holder's Name as it appears on Credit Card

Card Type:

VISA MASTERCARD

Card Number

_____ **Expiration Date:** _____

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