

The EMDR Center of Canada Inc.

Basic Training in EMDR Therapy - Registration Application

Please complete this form and upload it as a part of your registration package. To assure prompt processing of your registration application, please include all of the following items:

- A copy of your Curriculum Vitae
- A copy of your License or Professional Registration **OR** letters required for Non-Licensed or Non-Registered applicants **AND** a letter from the Registrar's Office confirming you are a full-time student
- The Participant Agreement Form
- The Payment Information Form. Indicate your form of payment: e-Transfer OR credit card

If applying for the Non-Profit Agency, Student or Reviewer discount, please submit:

- The Non-Profit Agency Discount Form **and** Letter from your clinical supervisor (See Form)
- The Student Discount Form **and** Letter from your clinical supervisor (See Form)
- Certificate of Completion of Basic Training in EMDR Therapy (for reviewer discount).

Name _____
(Please indicate the exact name you would like on your digital Certificate of Completion)

Address _____

City _____ Province _____ Postal Code _____

Business Telephone _____ Fax _____

Home Telephone (optional) _____ Cell Phone (optional) _____

Email _____
(Please use a *personal* email address to ensure all emails are received and they do NOT bounce)

Degree _____ License / Professional Registration # _____

Licensing / Professional Registration Body _____

As per section 16 of the Participant Agreement, please indicate if you have a disability and if you require accommodations:

How did you learn about our training? (Check all that apply)

Referred by:

Name: _____ Phone: _____

EMDRIA list of training providers

Advertisement through Professional Association

Web search (indicate search engine if known, e.g. Google, Yahoo.) _____

Other: _____