

To request an agency discount, please complete this form and include it with your registration application package and **provide a letter on agency stationary from your employer confirming your employment.** If you are not licensed or registered as an independent practitioner, please include the additional documentation described in the Non-Licensed or Non-Registered Applicant Form.

Participant's Name

Participant's Job Title

Name of Agency

Clinical Supervisor's Name & Title

Clinical Supervisor's Phone Number

Management Supervisor's Name and Title

Non-Profit Agency's Mailing Address

Non-Profit Agency's Phone Number

Briefly describe the population the agency serves:

Describe your job:

How many psychotherapy clients do you see and with what frequency?

What psychotherapy method(s) have you been trained in?

Do other clinicians in your agency currently use EMDR with clients? If yes, please describe:

Are your first and second line supervisors familiar EMDR? Are they supportive of your intention to use this psychotherapy approach with agency clients?

Participant's Signature

Date