

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: \_\_\_\_\_