



Basic Training in EMDR Therapy Graduate Student Eligibility & Discount Form

In order to receive the student discount, please complete this form and provide written evidence from the registrar's office that you will be enrolled as a full-time student when the EMDR Training begins.

If you are not licensed or registered as an independent practitioner, include the additional documentation described in the Non-Licensed or Non-Registered Applicant Form.

Participant's Name and Job Title

Name of Graduate Program, degree, and major being pursued

Name of Internship Setting and Mailing Address

Internship Clinical Supervisor's Name & Title

Internship Clinical Supervisor's Phone Number

Internship Management Supervisor's Name and Title

Briefly describe the population the served in the internship setting:

Describe your job:

How many psychotherapy cases 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 of this psychotherapy approach with clients in this setting?

Participant's Signature

Date