**EMDR Therapy Training Endorsement**

**Participant:**

**Supervisor:**

**1. My supervisor endorses my participation in this training.**

**2. The participant in this EMDR Training conducts psychotherapy under the supervision of a supervisor who is a licensed clinician.**

**3. My supervisor retains full responsibility for my supervision while I am a participant in this training, while acknowledging that I will be provided EMDR Therapy consultation in the training.**

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 **Supervisor Signature Date**