Midwest Center for EMDR Training and Therapy Basic EMDR Training Registration Form

Patti J Miller, M.A., Licensed Psychologist and Training Director

Fall 2022 Training Dates: October 9-10; September 30- October 1; October 28-29 and December 2-3, 2022

Cost: $1795.00

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following eligibility categories best describes you? Please provide one of the three options documentations.

1. Licensed:

Field of License\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #\_\_\_\_\_\_\_\_\_\_\_

1. Graduate Student:

Is your supervisor supportive of your intention to use this psychotherapy approach with clients in your setting?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s phone/email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Degreed, Non-Licensed:

A signed letter from your supervisor on Agency letterhead will be required with the following information included in the letter:

* 1. A Statement supporting your participation in this EMDR Basic Training
  2. A statement verifying your intention to seek licensure
  3. A statement acknowledging that Midwest Center for EMDR Training and Therapy staff (Training Director and/or EMDRIA Approved Consultants) will be providing consultation services only, not clinical supervision to you. Your clinical supervisor retains responsibility for the professional oversight of all psychotherapy services provided by you, the applicant in your supervised setting.

1. What is the population you work with:

Adults\_\_\_\_\_

Adolescents\_\_\_\_\_

Children\_\_\_\_\_

Directions for Completing registration:

1. Please email this information along with your signed participant agreement to [patti@mwtraumacenter.com](mailto:patti@mwtraumacenter.com) or mail to Patti J Miller M.A., L.P. to 16204 Highway 7, Minnetonka, MN 55345. Include payment. You may also fax at 952-934-3010.
2. Payment Options:
3. Please send a check to Patti Miller at the above address or
4. Use Venmo Patti-Miller-51
5. Use a credit Card (a 3% fee will be assessed with this option):

Type of Card:

Name on the Credit Card:

Credit Card Number:

Exp Date:

CVV:

Zip Code:

1795.00 (plus 3%)= 1848.85 will be charged to your account if you choose this option and register for the training.

Signature if using a credit card