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

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

Spring Training Dates: February 25-26; March 11-12; April 1-2 and April 29-30, 2022

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.

Directions:

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. You may also fax at 952-934-3010.