



**EMDR Institute
Basic Training Application Form
Jan Schaad, LCSW, Trainer
Pinedale, Wyoming**

Name (as you want it to appear on your certificate)

Street Address

City State Zip Code

Email

Phone (cell) _____ Phone (work) _____

FAX _____

Highest Degree _____ Field of Study _____

EMDR training is available to licensed mental health professionals, people working toward licensure under the supervision of a licensed professional, or last semester graduate students in practicum under the supervision of a licensed professional. Please provide the following information regarding your licensure status.

Licensed Professional Type of Licensure: _____ License #: _____

Student in Internship Supervised by: _____
Supervisor's Type of Licensure and #: _____

How did you learn about the training?

_____ EMDR-trained colleague _____

_____ Web search

_____ Advertisement (please indicate where) _____

_____ Email notice

_____ Other: _____

Dates: Part 1: _____

Part 2: _____

Location: _____

Tuition: Individual

\$1450

Tuition: Groups of 5+ or Full-time Grad Student/Intern

\$1350

Daily Schedule:

Workshop: 8:00a.m. – 4:30p.m.

Lunch 11:30a.m. – 12:30p.m.

The training facility is in compliance with the Americans with Disabilities Act. If you have special needs, you MUST inform Jan Schaad at the time of registration.

Cancellation policy: Refunds can be made up to **30 days** prior to Part I of the Basic Training Course minus \$150 administrative fee. Refunds up to **14 days** prior to Part I of the Basic Training Course will be charged an administrative fee of \$200. No refunds will be given after 14 days prior to Part 1 of the training course, however, what has been paid can be applied to a future training provided by Jan Schaad, LCSW.

Payment Plan: Can be arranged with Jan Schaad. Fifty percent (50%) of the cost of the training is due with the application.

*You may pay tuition by check or credit card. If you are paying by check, please mail your check along with your registration package; make check payable to Jan Schaad, LCSW. If you are not accepted into the training, the voided check will be returned to you. **If you are paying by credit card, you will have instructions at www.emdrpractice.com.** Your place in the training will not be secured until your payment is received.*

Participant Signature: _____ **Date:** _____

Please print out all pages of this form, complete it and mail along with the following:

- Your **deposit or credit card information**
- A copy of your **professional license**, or if you are not licensed for independent practice, include a **letter** from the supervisor of your practicum/practice
- A signed, dated copy of the **Participant's Agreement Form**

Note: Incomplete registrations will not be processed; all forms are needed to process your registration. Please do not require a signature on delivery or mail may be returned to you undelivered.

Mail or fax completed forms to:
Jan Schaad, LCSW
PO Box 2028, Pinedale, WY 82941-2028
Phone: 307-630-4688

Please note: Clinicians seeking Certification from EMDRIA must, after Basic Training, complete 20 additional hours of consultation from an Approved Consultant, along with other EMDRIA requirements. You will not be an "EMDRIA Approved Certified EMDR Therapist" upon completion of this training. For more information on becoming a Certified EMDR Therapist, click here (<http://emdria.org/displaycommon.cfm?an=1&subarticlenbr=21>)

