



**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: _____

Location:

Dates: Part 1:

Part 2: _____

Tuition: Individual

\$1450

Tuition: Groups of 10 or Full-time Grad Student/Intern

\$1350

Daily Schedule: Workshop: 8:30a.m. – 5:00p.m. Lunch 12:00p.m. – 1:00p.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. Contact her by phone or email. You may pay your tuition by Venmo @JAN-SCHAAD, by check payable to Jan Schaad, or by credit card with a 3% processing fee at www.emdrpractice.com. Your place at the training will not be secured until all application materials and payment are received.

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 complete the application form and email or mail it to me. Include a copy of your professional license. If you are not licensed for private practice, or are a graduate student in your internship, a letter from your supervisor must accompany your application.

- Your course payment
- A copy of your **professional license**
- Letter from Clinical Supervisor **if not licensed for private practice** which must include:
 - (a) Verification of your intention to seek licensure;
 - (b) An anticipated date for licensure to be accomplished;
 - (c) A statement of support for your participation in this EMDR basic training; and,
 - (d) Verification that the applicant maintains an active psychotherapy practice that includes trauma clients, that applicant is under her/his supervision, and that applicant may use EMDR with clinically appropriate clients.
- 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 email jaqs2003@gmail.com) 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) (http://emdria.org/displaycommon.cfm?an=1&subarticlenbr=21)

EMDR Basic Training with Jan Schaad, LCSW, EMDR Institute Regional Trainer TRAINING INFORMATION AND PARTICIPANT'S AGREEMENT

The undersigned participant acknowledges that (s)he has read carefully, understands, and agrees to the following:

1. The boundaries of clinical applications for other than PTSD have not yet been confirmed by controlled research. The cautions are based primarily on anecdotal reports by trained clinicians.
2. All participants must be licensed, or, if not licensed, have completed masters level coursework in a mental health discipline, currently be in a licensure track and supervised by a licensed clinician with the appropriate letter on file with the trainer.
3. All participants should have a current active psychotherapy caseload. This training is designed to help participants integrate the use of EMDR in their clinical practice context. Other EMDR training programs are available that will accept managers and researchers who do not carry an active psychotherapy caseload.
4. A significant component of the training involves clinicians practicing EMDR in small groups under the guidance of the instructor. The practice experiences are for educational purposes only and not for personal therapy. All participants should be prepared to address disturbing real life experiences as part of this training program in order to better appreciate the subjective experience of EMDR as a client would. It is not unusual for a target memory to be linked to other, unexpected, disturbing material or memories which might surface during or after the practice sessions. Case material presented didactically or on video may be disturbing to those with unresolved personal issues. It is expected that the participant has developed self-soothing and affect/arousal management skills and will be able to employ these skills as necessary during and following EMDR practice sessions. It is the responsibility of the participant to seek and obtain appropriate professional assistance if needed. Providing such assistance is not an extension of the training and will not be provided by the EMDR instructors. Clinicians who elect to do personal EMDR work can review available lists of EMDR trained clinicians posted by the EMDR Institute and EMDRIA.
5. Further, with reference to number 4 above:
 - a. Clinicians presently engaged in personal therapy and/or psychiatric treatment should inform the therapist/psychiatrist about the experiential component of this training and secure the clinician's permission to participate before beginning this training.
 - b. Those with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult their medical professionals before participating in this training and should discuss the condition with the instructors in advance of the training.
 - c. Those who presently have a dissociative disorder, acute stress disorder or PTSD, GAD, panic disorder, substance use disorder, personality disorder, or affective disorder should not participate without special arrangements being made with the instructors at the time of registration. Failure to advise the instructors could place you at risk, negatively impact other participants, and result in dismissal from the training without refund. Participants who are disruptive to the training will be given one warning by the instructor and will be dismissed without refund if there is a recurrence. You are expected to maintain a spirit of cooperation and mutual support for all in the training. You agree that the instructor has the right to dismiss you from the training at any time without refund if in her sole judgment you negatively impact the training experience of others.
6. This experiential workshop is for clinical purposes only and will not qualify the participant to train others in EMDR. Attempts to train others in EMDR without meeting the standards as defined by the EMDR International Association would represent a professional ethics violation.
7. In order to assure confidentiality of personal and clinical information, audio/video taping is not allowed. It is expected that all participants shall maintain the highest ethical standards of confidentiality of all personal and clinical information shared by others in this training. Failure to maintain confidentiality shall

