



**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: 8:30a.m - 4:30p.m.**

**Lunch: 12 Noon - 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. 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](http://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>)

**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 be treated as a professional ethics issue, may be reported to a licensing board, and likely will result in immediate dismissal from the training program with no refund.** Confidentiality shall apply to all practicum experiences: specifics may be discussed only with members of the immediate practice group, the practicum facilitator and trainers. A participant may share emerging material with a private therapist.
8. **A Certificate of Completion will be issued only to those who satisfactorily complete the entire training (including ten hours of consultation), complete the assigned readings, and demonstrate in group discussion and practice exercises an understanding of the EMDR treatment approach.** Participants are expected to participate actively and to work diligently. Failure to attend part or all of a training day will handicap you in this learning process and can have a negative impact on the small group process. **You agree that you will miss a training day or part of a day only in the case of a bona fide personal or family emergency.** The trainer might offer to let you attend the missed day during the next training series if space allows. This decision will be made on a case by case basis and at the sole discretion of the trainer. An additional training fee of \$250 will be charged for each day/part of day missed. Missing more than one day or partial day could result in immediate dismissal from the training program and forfeiture of all tuition paid. Therefore, it is in your best interest and that of your training group that you make a concerted effort to attend the complete training. **Note: There will be no refunds, under any circumstances, for withdrawals after the beginning of the training program.**
9. Weather Policy: If the weather is severe, e.g., prolonged blizzard or flooding, a cancellation or delay of training will be posted on our website and sent in an email to the email provided by you by 8:00a.m. on the training day. Except under the most severe weather conditions, the training will be held. It is your responsibility to plan ahead and make appropriate travel arrangements including the use of nearby hotels as needed.

Accepted and agreed: \_\_\_\_\_  
Participant's Printed Name    Signature    Date