

EMDR ADVANCED TRAINING

Treating Addictive Habits and Symptom Patterns with EMDR

Name (as you want it on your certificate) _____

Street Address _____

City State Zip Code _____

Email _____

Phone (cell) _____ Phone (work) _____

Highest Degree _____ Field of Study _____

Licensure Type/State _____ License # _____

EMDR Basic Training completion date: _____

EMDR Advanced Trainings are only open to licensed mental health professionals who have completed an EMDRIA Approved EMDR Basic Training Course. **Please provide a copy of your certificate of completion.**

If you have a Provisional License, your clinical supervisor must approve your registration, and provide a letter indicating this approval.

Refunds minus a \$100 fee are available up to 7 days prior to the training.

Schedule: 8:30am-noon Lunch: 12:00-1:00 1:00-4:30pm MT. You must be present for the entirety of the training to receive CEs.

Participant's agreement of Understanding of terms: signature and date below

Email completed registration material to:

Jan Schaad, LCSW jags2003@gmail.com www.emdrpractice.com

WWW.EMDRPRACTICE.COM

Jan Schaad, LCSW, EMDR Trainer and Consultant

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