

**EMDR Institute**

**Basic Training Application Form**

**Jan Schaad, LCSW, Trainer**

**Cheyenne, Wyoming**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

Phone (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (home) \_\_\_\_\_\_\_\_\_\_\_\_\_

FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Field of Study\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMDR training is available to licensed mental health professionals or people working toward licensure, 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: December 6,7,8, 2017 and March 7,8,9, 2018**

**Location: Madison College, 2125 Commercial Ave, Room 240 Madison, WI**

**Basic Training Application Form**

**PAGE 2**

Tuition: full price is $1450

*□* **$875 This is a discounted rate offered only for the Madison WI training, which is only open to therapists who work full time in non-profit organizations serving military personnel/retirees.**

**Daily Schedule:**

**Registration: 8 – 8:30 a.m.**

**Workshop: 8:30 – 5 p.m.**

If you are applying either as a Full-time Employee of a Non-profit Agency or a Graduate Student/Intern, you will need a letter from your agency indicating that you will be allowed to practice EMDR.

*The training facility is in compliance with the Americans with Disabilities Act. If you are disabled or 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; however, what has been paid can be applied to a future training provided by Jan Schaad, LCSW.

**Payment:** Fifty percent (50%) of the cost of the training is due with the application. The balance is due no later than 30 days following Part I of the training. A payment plan can be arranged if needed.

*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 be sent instructions to pay online once your registration has been accepted.** 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 **payment**

 A copy of your **CV or Resume**

 A copy of your **professional license**, or if you are not licensed for independent practice, include the additional **Licensure Form**

 A signed, dated copy of the **Participant’s Agreement Form**

 If you are applying for a discounted rate, a **Letter** from the non-profit organization stating you are a full time employee

**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 326, Cheyenne, WY 82003-0326

Phone: 307-630-4688

Fax: 307-637-2899

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)