

EMDR Basic Training Registration Form

Dates for 2019

Part 1: May 2 (evening 6:00pm-9:00pm), and full days for May 3, 4, & 5 (8:30am-5:00pm)

Part 2: June 6 (consultation 6:00pm-9:00pm) and full days for June 7, 8, & 9 (8:30am-5:00pm)

Part 3: October 25 & 26 (8:30am-5:00pm)

Confidentiality

Practicum is a major component of training. This may include your engaging in your own processing work, although you have the option to not be in the client role. Please talk to the instructor prior to the beginning of the training should you have any concerns regarding practicum components (e.g. if it is not currently safe for you to engage in processing). For the purpose of training, you are only required to be in the role of clinician during practicum to practice and develop new skills.

As in your therapeutic practice, confidentiality is very important throughout this training. You will be working with fellow clinicians during practicum and sharing personal information. This information is to be kept confidential to ensure safety of participants, including yourself.

- _____ (Initial your understanding and agreement to maintain participant confidentiality)

In addition, during group consultation you will be sharing client experiences as you begin to use EMDR therapy. Confidentiality is paramount and required on all cases discussed, relative to discussions held and cases reviewed. Signed releases by the participant's clients are required on all cases discussed in meetings (please ensure this is included on any policy forms that describe confidentiality for your practice). It is the participant's responsibility to maintain the release in the client's file. You must be able to practice EMDR therapy following Part 1 of training.

- _____ (Initial your understanding and agreement to maintain client confidentiality)

Prerequisites for EMDR Basic Training

- Licensed Health Professionals
 - Medical Doctors licensed in their province or state
 - Registered Nurses who have a Masters Degree with a specialization in mental health and who are licensed in their province or state
 - Mental health clinicians who have at minimum of a Master's Degree in a mental health field (Counseling, Marriage and Family Therapy, Psychology, Psychotherapy, Psychiatry, Social Work) or related mental health discipline and be licensed to practice through a professional organization or regulation body that includes a code of ethics and public protection.
- Pre-Licensed Mental Health Professionals
 - Clinicians who are actively pursuing a mental health license through their provincial, state, or national regulating body while working under a licensed supervisor (e.g., intern, associate).
 - Pre-Licensed clinicians who have a Master's Degree in a mental health field and are actively pursuing a full license through their provincial, state, or national regulating body.
- Graduate Students
 - Current enrollment in a Master's or Doctoral program in a mental health field (Counseling, Marriage and Family Therapy, Psychology, Psychotherapy, Psychiatry, Social Work). Core graduate academic coursework must have been completed and have completed or are currently in the practicum/internship portion of their graduate program. *First year graduate students are not eligible.* Graduate students must be on a licensing track and working under the supervision of a licensed mental health clinician.

_____ (Initial) I meet the above pre-requisites for EMDR Basic Training.

If you are unsure that you meet these pre-requisites, please contact the training provider.

Participant Information

Name: _____

(Print your name as you wish it to appear on your certificate)

Degree: _____

Licensing Body and License Number: _____

Highest Degree obtained: _____

Institution Degree obtained from: _____

Field of Study: _____

Employer: _____

Street Address: _____

City, Province/State: _____ Postal/Zip Code: _____

Phone: _____ (daytime) _____ (personal)

Email: _____

How did you hear about this training? _____

Please indicate special considerations and accommodations:

All participants are welcome at training, so long as the pre-requisites are met, regardless of an individual's sexual orientation, gender identity, race, ethnicity, culture, religion, or disability. Participants will be supported throughout training to best help them learn and integrate the material. For further discussion, please contact Dr. Penner Hutton.

Attach to your registration:

- A copy of your Master or Doctoral Diploma
- A copy of your liability insurance if in private practice
- A copy of your license as a mental health provider
- Payment in the amount of the deposit (\$200), or full amount within 14 days of the start of training (\$2400+120GST)
 - o Early registration fee applies if registered and paid in full by March 9, 2019 (\$2200+\$110GST)
 - o Make cheques payable to Kelly Penner Hutton, e-transfer to drkelly@peaceofmindemdr.ca
- Registrations may be emailed to drkelly@peaceofmindemdr.ca or mailed to #250-2025 Corydon Ave, Winnipeg, MB R3P0N5. You will receive a confirmation by email upon receipt of your registration.

Training location:

Peace of Mind Therapy and Consultation
#250-2025 Corydon Ave, Winnipeg, MB, R3P0N5

*Note: Groups larger than 12 will be held at a different location to be determined in Winnipeg, Manitoba.