

## CLINICAL SUPERVISOR'S APPROVAL FOR EMDR THERAPY BASIC TRAINING

### GRADUATE STUDENT IN FINAL INTERNSHIP OR REGISTERED INTERN

#### EMDR Institute, Inc. Florida Regional Basic EMDR Training

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104 W 6th Ave Windermere, FL 34786

Print Name of Supervisee: \_\_\_\_\_

The Basic EMDR Therapy Training Program is open to licensed practitioners and to those who are on a licensure track if they are at the *end* of completing master's level coursework in the final internship, and are being supervised by a licensed clinician in a clinical internship.

The following information is important for the Supervisor to know:

1. The boundaries of clinical applications of EMDR for anything other than PTSD have not yet been confirmed by controlled research. The cautions presented in the training are based primarily on anecdotal reports by trained clinicians. The most recent research on EMDR Therapy can be found at [www.EMDRIA.org](http://www.EMDRIA.org).
2. It is not unusual for a target memory to be linked to other unexpected, potentially disturbing material or memories.
3. A prerequisite for receiving a Certificate of Attendance is the completion of the three practica at the seminar, where clinicians will give and receive EMDR under small group supervision. The practice experience is for educational purposes only and not for personal therapy.
4. Case material presented didactically or on video may be disturbing to those with unresolved personal issues. Regarding numbers 3 and 4:
  - Clinicians presently engaged in personal therapy must seek permission from their therapist before participating in the training; and
  - Those who presently have a dissociative disorder should not participate without informing the EMDR trainer at the training; and
  - Those with limiting or special medical conditions (such as but not limited to pregnancy, heart condition, ocular difficulties, etc.) must consult their medical professionals prior to participating in this training.
5. Since the processing of targeted incidents may continue after training, other dreams, memories, etc. may surface. In such cases, it is the responsibility of the participant to seek and obtain appropriate assistance. Providing such assistance is neither a part of nor an extension of the training. Clinicians who wish to continue with personal EMDR work can request referral information from the Trainer or Facilitator.
6. The experiential workshops Part 1 and Part 2 are for clinical and research purposes only and will not qualify the participant to train others in EMDR.
7. A **Certificate of Completion** will be issued only to those who complete both the Part 1 & 2 training, participate in all the practica, and complete the ten hours of consultation.

By completing the information below with your professional contact information and providing your signature, you confirm that you have read the description of EMDR and the method of training, and you affirm the decision of your supervisee to participate in the training described and to use the clinical knowledge acquired in the training, as appropriate, in the clinical work that you supervise, and you confirm that you supervise the supervisee at the organization listed on the Participant Agreement Form.

**SUPERVISOR INFORMATION:**

Date: \_\_\_\_\_

Print Supervisor Name:

\_\_\_\_\_

Title: \_\_\_\_\_

Name of  
Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

Your Academic Degrees: \_\_\_\_\_

Your License Number(s): \_\_\_\_\_ State: \_\_\_\_\_

Supervisor's Signature

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Any additional information you would like to share with the Training provider about the supervisee?

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