**Be the Change Global Wellness**

**Virtual EMDR Basic Training Participant Agreement**

The undersigned participant acknowledges that she or he has thoroughly read, understands and agrees to the following **Initial all blanks and sign at the bottom**:

1. EMDR is widely recognized as an empirically supported treatment for PTSD and Acute Stress Disorder. Its safety and efficacy for other clinical applications have yet to be studied as much with controlled research.
2. \_\_\_\_\_\_\_All participants must either be licensed to practice psychotherapy in a discipline recognized by EMDRIA or
	1. Must have completed masters level coursework in a mental health or related discipline recognized by EMDRIA,
	2. Must currently be in a licensing track **and**
	3. Be supervised by a licensed clinician with the appropriate letter on file. This letter should indicate that you have clinical privileges to practice psychotherapy under supervision and should endorse you to participate in the training. The letter from the licensed supervising clinician should be sent to**:**

**Be the Change Global Wellness**

 **4650 N. Port Washington Road Milwaukee, WI 53212 #120 or email to JenniferJonesEMDR@gmail.com**

1. \_\_\_\_\_\_\_Participants must have access to clients. This training is designed to help participants integrate the use of EMDR in their current clinical setting.
2. \_\_\_\_\_\_\_A significant component of the training involves clinicians practicing EMDR and related procedures in small groups under the supervision of a trainer.
3. The participant should be prepared to address distressing real-life experiences as part of this training program in order to obtain the subjective experience of EMDR as a client, and to provide valid training experiences for other participants.
4. It is not unusual for a target to surface during or after practice sessions. Trauma related material presented didactically, in consultation sessions or on video examples may be distressing to those with unresolved issues.
5. In submitting their application for training, participants affirm they have had exposure to this type of material and will be able to employ stabilizing/containment skills necessary during the following EMDR training, practice and consultation sessions.
6. \_\_\_\_\_\_\_Further, with reference to item 4 above:
	1. Clinicians presently engaged in personal therapy and or psychiatric treatment should inform their therapist and or psychiatrist about the experiential component of this training and secure their therapist’s and or psychiatrist’s support before beginning this training. Signature of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_Those with limiting or special medical conditions (pregnancy, heart conditions, ocular difficulties, epilepsy, etc) should consult with their medical professionals before participating in this training. If given approval to participate in the training, the participant agrees to inform one of the trainers of this condition.
7. \_\_\_\_\_\_\_It is the responsibility of the participant to see and obtain appropriate professional assistance if needed. Providing such assistance is not part of the training. Clinicians who elect to do personal EMDR work can find lists of EMDR trained clinicians at: [www.EMDRIA.org](http://www.emdria.org)
8. \_\_\_\_\_\_In order to assure confidentiality of personal and clinical information:
9. Audio and video recording of any part of this training is not permitted.
10. It is expected that all participants will maintain the highest ethical standards of confidentiality, regarding all personal and clinical case information shared by others in the training.
11. Failure to maintain confidentiality will be considered an ethical violation and may result in dismissal of the training program without any reimbursement.
12. Confidentiality will apply to all consultation sessions and practice experiences: specifics may be discussed only with members of the immediate consultation group and trainer/s.
13. \_\_\_\_\_\_\_Regarding Group Consultation: Participants agree to obtain written consent for the release of (non-identifying) information from each client prior to presenting case material
14. NO CLIENT SESSIONS ARE RECORDED OR SHARED AS RECORDINGS AS A PART OF THIS TRAINING.
15. Participants agree to keep a completed written release form in each client’s chart about whom they disclose case material.
16. Participants agree to avoid disclosure of client name or other identifying information in making verbal presentations and in sharing written documentation of client sessions.
17. Participant will inform client the reason for disclosure:
* Non-identifying information only,
* Information is for a continuing education program
* The risks include: increased self-consciousness or feelings of vulnerability, public exposure or embarrassment
* All efforts will be made to keep the client information confidential
* All participants agree to keep other participant consultation cases confidential
* client can revoke the consent at any time
1. By signing this agreement participant agrees not to share any case information or participant information outside of the training.
2. \_\_\_\_\_\_\_\_Participants agree to read: (Participant is responsible to purchase)

***Eye Movement Desensitization and Reprocessing, Basic Principles, Protocols and Procedures. Shapiro (2017,3rd edition)***

1. \_\_\_\_\_\_\_Participants will be provided one copy of the course manual as part of the tuition. If a manual is lost and needs to be ordered a replacement will be provided to the participant at cost.
2. \_\_\_\_\_\_\_Participant’s agree to the following Payment and Refund policy:
	1. Tuition must be paid in full 1 week prior to the first module. See payment agreement for detail and payment plans and discounted offers.
	2. Participant is responsible for providing an accurate address for the class manual to be mailed. Signature may be required for delivery.
	3. Late payments will be assessed for a late fee due by the first day of class.
	4. Up to 30 days in advance of the training start date, tuition is refundable minus a $100 administrative fee.
	5. Cancellations must be in writing with date determined by postmark or email.
	6. After the start of the training due to the desired small size of the training, no refunds will be given for any reason.

1. \_\_\_\_\_\_\_To be considered EMDR Trained participant must meet EMDRIA standards of:

 *(These EMDRIA standards are separate from Continuing education hours awarded and have no bearing on the Continuing Education hours certificate awarded to participant)*

* 1. \_\_\_\_\_\_\_Satisfactorily attend all training days
	2. \_\_\_\_\_\_\_Complete the assigned readings and homework
	3. \_\_\_\_\_\_\_Participate in group discussion
	4. \_\_\_\_\_\_\_During Practicum must display adequate retention and practice of the 8 phases of EMDR
	5. \_\_\_\_\_\_\_Participate in 10 hours of consultation
	6. \_\_\_\_\_\_\_Demonstrate an understanding of the EMDR treatment approach during the practicum & Consultation hours ( Taking notes during lecture and reviewing slides & lecture will be necessary to show understanding of the 8 phases of EMDR).
	7. \_\_\_\_\_\_If arriving or leaving training more than 15 minutes, participant will need to discuss with Trainer Jennifer Jones how to make up the information missed. *(If this is outside of the scheduled 8 days of class the hours may not count toward the continuing education hours but only count for EMDRIA requirements. Trainer fee is $200 an hour for time outside of class to make up the necessary information missed in order to meet EMDRIA requirements)*
1. \_\_\_\_\_\_\_Continuing education hours will be given for hours participant attended the scheduled lecture and practicum components of the training by the end of day 8.

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

Agreement Signature of Participant Print Name Date