

The EMDR Center of Canada Inc.

Comprehensive Basic Training in EMDR Therapy Registration Application

Please print this form, complete it and email it with the rest of your application package to training@emdrcenterofcanada.com. To assure prompt processing of your registration application, please include all of the following items:

- A copy of your Curriculum Vitae
- A copy of your License or Professional Registration **OR** letters required for Non-Licensed or Non-Registered applicants **AND** a letter from the Registrar's Office confirming you are a full-time student
- The Participant Agreement Form
- The Payment Information Form. Indicate your form of payment: e-Transfer OR credit card

If applying for the Non-Profit Agency, Student or Reviewer discount, please submit:

- The Non-Profit Agency Discount Form **and** Letter from your clinical supervisor (See Form)
- The Student Discount Form **and** Letter from your clinical supervisor (See Form)
- Certificate of Completion of Basic Training in EMDR Therapy (for reviewer discount).

Name _____
(Please indicate the exact name you would like printed on your Certificate of Completion)

Address _____

City _____ Province _____ Postal Code _____

Business Telephone _____ Fax _____

Home Telephone (optional) _____ Cell Phone (optional) _____

Email _____
(Please use a personal email address to ensure all emails are received and they do NOT bounce)

Emergency Contact Information (Name & Phone #) _____

Degree _____ License / Professional Registration # _____

Licensing / Professional Registration Body _____

Please indicate if you have any special requests, accommodations or dietary restrictions (allergies):

How did you learn about our training? (Check all that apply)

Referred by:

Name: _____ Phone: _____

EMDRIA list of training providers

Advertisement through Professional Association

Web search (indicate search engine if known, e.g. Google, Yahoo.) _____

Other: _____