

Regional Network eLearning Event Participant Registration Form

Name			
Email			
Phone			
Degree	License #:		
Have you completed basic EMDR training? <input type="checkbox"/> YES * <input type="checkbox"/> NO** <i>If you answered yes, please fill out the information marked with *.</i> <i>If you answered no, please fill out the information marked with **.</i>			
<p>** I, _____, certify that I have NOT completed EMDR Basic Training. Further, I understand that having not completed EMDR Basic Training automatically makes me ineligible for CEU's related to this eLearning Event: SERVING THOSE WHO SERVED: COMMUNITY-BASED EMDR THERAPY WITH MILITARY VETERANS.</p> <p>_____</p> <p style="text-align: center;">(signature/ e-signature)</p>			
<p>*I, _____, certify that I have completed EMDR Basic Training. I understand that I must supply the <u>date of EMDR Basic training completion</u> and the <u>EMDR Basic training trainer's name</u> in order to receive CEUs for this eLearning Event: SERVING THOSE WHO SERVED: COMMUNITY-BASED EMDR THERAPY WITH MILITARY VETERANS. I understand that I must view the sessions in their entirety as part of the requirements to obtain CEUs for this event.</p> <p>_____</p> <p style="text-align: center;">(signature/ e-signature)</p>			
Trainer Name *	Date of Training Completion*		
Regional Coordinator use only: Amt owed: _____ Amt paid: _____ Payment Method _____			