

Participation Agreement and Registration Form EMDR Basic Training EMDR Support Network

This is to acknowledge that by registering, paying and participating in the EMDR Basic Training provided by EMDR Support Network, I _____, agree to all terms and conditions as stated below.

I understand that to meet the training requirements for EMDR Basic Training set by the EMDR International Association (EMDRIA) and receive a Certificate, I must complete the full training: 20 hours lecture, participate in 20 hours practicum where I will both experience and use these skills with others and 10 hours of consultation.

The regular full fee for the complete Basic Training including consultation is \$1400. The required deposit is \$200. A total of \$800 must be paid on or before October 1st, 2016. The balance of \$600 must be paid on or before the date of January 13rd, 2017. If canceled by September 9th, 2016 all funds paid will be refunded except for a \$50 administrative fee. After September 10th, 2016 fees will not be refunded, however the participant may reschedule to attend another of our Weekend One trainings.

The reduced fee for those who work full time for a non-profit (30 hours a week or more) or students for the complete Basic Training including consultation is \$1100. The required deposit is \$200. A total of \$650 must be paid on or before October 1st, 2016. The balance of \$450 must be paid on or before the date of January 13rd, 2017. If canceled by September 9th, 2016 all funds paid will be refunded except for a \$50 administrative fee. After September 10th, 2016 fees will not be refunded, however the participant may reschedule to attend another of our Weekend One trainings.

If you have any questions or needs regarding payment arrangements please contact Gary Scarborough at Gary.D.Scarborough@gmail.com

I understand that this is a professional training that includes an experiential component during practicums. Trainees are expected to engage in this experiential component to understand EMDR as a client would experience it and as therapist would utilize it. This experiential portion of training has been the standard model of EMDR training from the beginning, and is part of the Core Curriculum mandated by EMDRIA. This practice is for training purposes only and is not intended to be construed as or utilized as therapy.

I understand as a Trainee that part of the practicum is addressing real life disturbing material so as to understand the subjective experience from a client's perspective and to provide a realistic training experience from a therapist's perspective. I understand that I have a choice about my level of participation at all times. I understand that a target memory may spontaneously link to one or more unexpected disturbing memories. I understand if I have concerns or questions I will consult with the Trainer or Facilitator.

I agree to maintain the confidentiality of any material shared in the training although I am aware, as in any group, confidentiality cannot be guaranteed. I agree in consultation to disguise the identity of clients and omit any identifying information.

I agree that if I am being treated for or am aware of any medical issues that I will confer with my medical provider and be cleared for attending this training where at times some participants experience very intense feelings.

I agree that if I am receiving therapy/counseling to notify my therapist and be cleared for attending this EMDR training.

I agree that if I am aware that I have a dissociative disorder and/or experience problematic dissociative symptoms, to disclose and discuss same with the Trainer or Facilitator at the training, before the Practicum begins. I understand that the Trainer/Facilitator will determine the best course of action to ensure the best chances of making training a successful experience.

I expressly agree and promise to accept and assume all of the risks existing in training without limit, anticipated or unanticipated. My participation is voluntary, I elect to participate in spite of any risks and hereby voluntarily release and hereby forever discharge, and agree to hold harmless EMDR Support Network, Gary Scarborough, Jill Archer and any others assisting with the training from any and all claims, demands or causes of action which are in any way connected with my participation in this training including any such claims which allege negligent acts or omissions.

I understand that in the event that I file a lawsuit against EMDR Support Network, or those involved in conducting this training, or in matters related to this training, I agree to do so solely in the state of Arkansas, and I further agree that the substantive law of Arkansas shall apply in that action.

I understand that if I am licensed I must submit a copy of my current professional license with this registration.

I understand that if I am a student, that I must be enrolled in or about to be enrolled in an internship or otherwise be seeing clients during the course of the training. I understand I must submit a letter from a supervisor from my academic program attesting to same.

I understand that to qualify for the pricing for those who work fulltime at an agency that I must submit a letter from a work supervisor at the agency attesting that I work for them at least 30 hours a week.

_____/____/____	____	____	____
Signature with Credentials	Date	State	License Number
_____ Address	_____ Email		
_____ State	_____ Zip Code	_____ Business Phone	
_____ Cell Phone			
_____ Home Phone			

Please make checks payable to Gary Scarborough
Please remit to: PO Box 97, Clarksville, AR 72830