



# EMDR BASIC TRAINING REGISTRATION FORM (EMDRIA-Approved Program)

+1-647-608-6615  
sophia.barna@emdrtoronto.org  
www.emdrtoronto.org

<b>DOB</b>	<b>FULL NAME</b>
<b>DEGREE:</b>	<b>WORK TITLE:</b>
<b>REGISTRATION #</b>	<b>COLLEGE/PROFFESIONAL ASSOCIATION:</b>
<b>WORKPLACE:</b>	<b>STUDENT</b>

**Contact Information**

<b>Home Phone</b>	<b>WhatsApp #</b>	<b>Cell</b>
<b>E-MAIL</b>		
<b>ADDRESS</b>	<b>State</b>	<b>ZIP Code</b>

### Payment

**PAYMENT (via e-transfer at: [sophia.barna@crossingyourbridges.ca](mailto:sophia.barna@crossingyourbridges.ca) )**

- Booked less than 45 days before course: \$2,750 + HST**
- Booked more than 45 days before course: (Early Bird) \$2,300 + \$299 = \$2599**

**CANCELLATION POLICY:** Cancellations made more than 45 days before the training start will incur a \$500 cancellation fee.

No refunds will be issued for cancellations made within 45 days of the training.

A minimum of 10 participants is required for the training to run.

If the training is cancelled due to insufficient enrollment, all registered participants will receive a full refund.

**PLEASE INCLUDE THE FOLLOWING with REGISTRATION (EMDRIA Requirement\*)**

- A copy of your Masters or Doctoral Degree in a counselling field\***
- A copy of your license, Certification or Registration\***

**Participant's Agreement**  
**(EMDRIA Approved Basic EMDR Therapy Training**  
**with Sophia Barna, M.Ed., M.S.W., R.S.W – EMDRIA Approved Trainer)**

To protect your interests and those of the other participants, we require that you review this participant's agreement. Please sign it to confirm you have read and understood these important topics. If you have any questions about this agreement, please contact the course instructor.

I, the undersigned,

1. Agree to maintain the confidentiality of 1) my fellow-participants, regarding any material that surfaces during the practicum portions of the course, 2) the clinical cases & videos presented by the instructor during the training.

2. Understand that the 20 hours of practicums are for the purpose of teaching EMDR therapy. The practicum portion is an EMDRIA mandatory requirement for completion of the Basic Training. This will not be role play, participants will work on real issues, but also considering that this is a training setting. These practicums are facilitated/coached by the instructor or facilitator to promote integration of the theoretical and practical notions taught in the didactic portions of the training.

a) While being a client, it is possible that distressing material and feelings may emerge. I undertake to seek out support and if needed, therapy, to address any such distress that may arise during the training. I understand that the instructor/facilitator will work with course participants during the training, to assist in managing the distress, but the long-term management is my responsibility.

b) These practice experiences are for training purposes only and not for personal therapy. Attendees are invited to maintain an attitude of cooperation and mutual support during the course of the training.

c) The trainer and facilitators will be providing direct & live feedback, assistance and guidance while you're practicing 8 phases of the basic protocol. Attendees are expected to be open to feedback and learning. Disruptive or discriminatory attitude or refusal to participate will be addressed by the instructor in order to maintain a safe context.

d) I understand that during Practicums, client-welfare supersedes the training therapist's experience.

In the rare event that my Practicum client can't maintain dual awareness, I may not be able to do a Standard Protocol with him/her/them. I would then do EMDR-related stabilization work for this Practicum. If I felt that my training experience had been compromised, the Trainer and I will discuss options for helping me get the experience I need.

3. I do not have any medical condition that would put my health at risk in the course of EMDR reprocessing (eg. cardio pathology, seizure disorder, eye problems, asthma) or if I am in an at-

risk pregnancy. If this is the case, it is my responsibility to notify the instructor and facilitator before the training.

4. I understand that if I meet criteria for Complex PTSD and/or a Dissociative disorder (DDNOS / DID), it is imperative that I notify the instructor/facilitator before the training, so that the necessary care can be taken during Practicums, which involve doing real personal work, especially during Part One (because my training therapist might not have experience working CPTSD & dissociation, and certainly will not have experience using EMDR as they, too, are in training).

5. I agree to not teach EMDR therapy to colleagues and friends. Participants are encouraged to share information about EMDR, including its efficacy and treatment outcomes. It is essential, however, that any training is done by an EMDRIA-Approved Trainer.

6. I agree to have my name and contact information sent to EMDR International Association & EMDR Canada to confirm my completion of an EMDRIA Approved Training (EMDRIA requirements) – EMDRIA & EMDR Canada do not use your contact information in any other way than to notify you of upcoming workshops & conferences.

7. I agree and commit to practicing the 8 phases of EMDR with my client base, while doing my Basic Training - at least 2 clients – and to bring those cases into the consultation process for feedback and support with my integration of EMDR practice.

8. For virtual programs, I agree to have a secure internet connection, a quiet & private location and a headset, as well as a backup system (eg cell phone, with data) if my internet connection fails. I agree not to record any part of the program.

9. I agree that during Practicums, I will maintain connection with the training group. If I need a moment of privacy, I will at least maintain auditory connection, and return visually as soon as I can. I understand that it is important that the training staff not lose connection with me. EMDRIA's regulations require attendees to have their webcams on during the training.

10. I understand that I must attend the whole training program (didactic and practicum portions) and the 10 hours of group consultation to complete this EMDRIA Approved Basic Training in EMDR. Any missed portion will require I complete later (within the one-year timeframe) and that a reasonable fee could be applicable.

Participant's Name (Print) \_\_\_\_\_

Participant's Signature Please sign and include with your registration \_\_\_\_\_

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