



STUDENT ENROLLMENT FORM FOR EMDR BASIC TRAINING

Name _____

Name of Graduate Program, degree, and major being pursued

Internship Setting and Mailing Address

Internship Clinical Supervisor's Name, Title, and Phone Number

Briefly describe the population the served in the internship setting:

Briefly describe your job:

How many psychotherapy cases do you see and with what frequency?

What psychotherapy method(s) have you been trained in?

Do other clinicians in your agency currently use EMDR with clients? If yes, please describe:

Is your supervisor familiar EMDR? Are they supportive of your intention to use of this psychotherapy approach with clients in this setting?

Applicant Signature/ Date