

## **Trauma Recovery, EMDR Humanitarian Assistance Programs, Inc.**

2911 Dixwell Avenue, Ste. 201 Hamden, CT 06518 Telephone (203) 288-4450 Fax (203) 288-4060

**COPY of Participant Agreement Form you agreed to when registering:**

### **PARTICIPANT AGREEMENT FORM**

**The participant acknowledges that (s)he has been advised and understands:**

1. Trauma Recovery/HAP Training is available to clinicians who work thirty (30) or more hours per week for public or not-for-profit organizations in a clinical mental health capacity. You will be asked to submit your employer's name, organization name, address, city, state, phone number and email address, as well as their signature. If it is determined that you do not work the minimum required hours at a not-for-profit organization you will not be admitted to the training and the fee paid for the training will not be refunded.
2. The boundaries of clinical applications of EMDR for anything other than PTSD have not yet been confirmed by controlled research. The cautions presented in the Training are based primarily on anecdotal reports by trained clinicians.
3. It is not unusual for a target memory to be linked to other, unexpected, disturbing material or memories.
4. A prerequisite for receiving a Record of Attendance is the completion of the three practica at the seminar, where clinicians will give and receive EMDR under small group supervision. The practice experience is for educational purposes only and not for personal therapy.
5. Case material presented didactically or on video may be disturbing to those with unresolved personal issues. Further with reference to numbers 4 and 5:
  - Clinicians presently engaged in personal therapy must seek permission from their therapist before participating in the Training; and
  - Those who presently have a dissociative disorder should not participate without informing the EMDR trainer at the training, and preferably the Trauma Recovery/HAP office before the Training dates; and
  - Those with limiting or special medical conditions (such as but not limited to pregnancy, heart condition, ocular difficulties, etc.) must consult their medical professionals prior to participating in this Training.
6. Since the processing of targeted incidents may continue after training, other dreams, memories, etc. may surface. In such cases, it is the responsibility of the participant to seek and obtain appropriate assistance. Providing such assistance is neither a part of nor an extension of the Training. Clinicians who wish to continue with personal EMDR work can request referral information from the EMDR HAP office.
7. These experiential workshops (Part 1 and Part 2) are for clinical and research purposes only and will not qualify the participant to train others in EMDR.
8. Audio and/or video recording of the Training or any portion thereof is not permitted.
9. A Record of Attendance will only be issued to those who attend the full Part I Training and participate in the practica on all three days. A Record of Completion will only be issued to those who complete the Part II Training and participate in all practica and complete all 10 hours of consultation.

**If not licensed, I agree to practice EMDR only under the supervision of a licensed mental health clinician. I certify that the registration information that I have submitted online and on this form is accurate.**

Prior to your training, It is recommended that you review chapters 2-8 and read chapters 9, 10 and 11 of Francine Shapiro's book: "Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures, 2nd Edition".

The books are available through the Trauma Recovery/Trauma Recovery/HAP site:  
<http://www.emdrhap.org/content/resource-center/>

***If you are not licensed (this includes STUDENTS), please have your clinical supervisor complete and return the CLINICAL SUPERVISOR'S APPROVAL FORM you downloaded during the registration process; it needs to be completed and returned to EMDR HAP no later than two weeks before the training.***