



EMDR Training Solutions

Licensure/Internship Supervisor Consent for Supervisee to Attend EMDR Therapy Basic Training

EMDR TRAINING SOLUTIONS

Name of Licensure/Internship Supervisor: _____

Email address of Licensure/Internship Supervisor: _____

Supervisor's License State, Type and #: _____

Name of Potential Training Recipient: _____

Month/Year/Location of the training requested: _____

RELEVANT INFORMATION

Supervisor, please read the following information on the EMDR TRAINING SOLUTIONS website at <https://emdrtrainingsolutions.com/emdr-basic-training/>:

1. The Course Overview
2. The Course Participation Agreement
3. The Course Eligibility

Supervisor, please check the boxes below to acknowledge:

- I have read the above EMDR TRAINING SOLUTIONS website information.
- I understand that my supervisee will be practicing EMDR Therapy and related procedures during the training.
- I understand that to receive the most benefits from the course my supervisee will need to practice EMDR Therapy with clients during the follow-up consultation period (0-12 months after the training.)
- By entering my name below, I give my consent for my supervisee to attend the training.
- I acknowledge that my supervisee is currently working on their internship hours for their Masters Level work and have clients they are working with. The supervisee is pursuing Licensure or is a Graduate Student in the Practicum portion of their curriculum.

Supervisor, please type your name to acknowledge your consent here:

Supervisor Name

Supervisor Signature

Date