

# Infinite Learning

## Basic Training in EMDR

### Non-Licensed Applicant Instructions



With the application package, non-licensed clinicians and clinicians not yet licensed for independent practice must provide evidence of: 1) meeting EMDRIA educational qualifications; 2) having an appropriate supervised clinical setting; and 3) being in the process of moving toward licensure for independent practice. You do this by providing **two (or three) letters** that must be submitted along with your application package.

The first letter **(A)** from you must provide information about your current practice situation (see specifics below).

The second letter **(B)** must be from your licensed clinical supervisor providing licensure supervision.

If your clinical supervisor is not your management supervisor, you must also provide a third letter **(C)** from your management supervisor.

Without these letters we will not be able to review your application, so please include them with your registration materials.

**(A)** Your letter should describe:

- 1) Describe your current practice setting.
- 2) Describe the kinds of clinical problems and clients with whom you currently work;
- 3) State the number of clients you see in on-going psychotherapy;
- 4) State the frequency of therapy sessions with these clients;
- 5) Describe the therapy methods or approaches you currently use;
- 6) What license you are pursuing?
- 7) The anticipated or estimated date when you plan to achieve licensure?

Note: Clinicians who have completed or are enrolled in a program in Art Therapy or Drug and Alcohol Counseling must submit detailed information to [EMDRIA](#) about their program in order to determine their eligibility. If EMDRIA approves your education and licensure status, please submit approval documentation from EMDRIA with your application.

**(B)** The clinical supervisor's letter must be on letterhead stationery, be signed by the clinical supervisor, and contain the following information:

- (1) The clinical supervisor's license type and number.
- (2) Verification that the applicant maintains an active psychotherapy practice under the clinical supervisor's supervision, which includes clients with trauma-related disorders.
- (3) A statement of support for the applicant's participation in the EMDR basic training offered by the Infinite Learning Training Institute;
- (4) Verification of the applicant's eligibility and intent to seek licensure;
- (5) The anticipated or estimated date for licensure to be obtained;
- (6) Acknowledgement that a) Infinite Learning and its staff will be providing consultation services only, are not entering into a clinical supervision role for any of the services you provide into your supervised internship setting and that b) the Clinical Supervisor signing the letter retains sole legal and professional oversight for the nature and appropriateness of all psychotherapy services provided by you in your supervised setting.

Please make sure that all of these items are addressed in the supervisor's letter.

**(C)** Your management supervisor's letter (if different than your Clinical Supervisor) must be signed on letterhead stationery and contain confirmation of all six items above from the Clinical Supervisor.

(B) Clinical Supervisor LETTER Sample

(Agency name  
Address)

Date

Dear Kelly,

I am a licensed (PSY, MFT, \_\_\_\_\_) at (Company/Agency name\_\_\_\_) and clinical supervisor for (Participant name). I recommend and support (Participant Name) for basic training in EMDR therapy. (Participant Name) is an (MFTi, etc. \_\_\_\_\_) (intern, psych assistant, etc.) and works full time ( \_\_\_\_\_ hours) at our agency. (Participant Name) provides therapy to individuals at our agency with trauma-related disorders. (Participant name) is eligible for training in EMDR therapy and will be seeking licensure on (Date).

I support (his or her) participation in the basic training in EMDR therapy offered by Infinite Learning. I understand that Infinite Learning and its staff will be providing consultation services only and will not be entering into a clinical supervision role. I retain sole legal and professional oversight for the appropriateness of all psychotherapy services provided by (Participant's Name) at this setting.

Sincerely,

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(Clinical Supervisor Name)  
(Clinical Supervisor License and License Number)