

Infinite Learning
Basic Training in EMDR
Agency Eligibility and Discount Form



To request an agency discount, please complete this form and include it with your registration application package and provide a letter on agency stationery from your employer confirming full time employment. **If you are not licensed for independent practice**, include the additional documentation described in the Non-Licensed Applicant Instructions.

Participant's Name and Job Title

This discount is intended for clinicians employed full time in small community non-profit agencies.

Name of Agency

The discount is not available for unionized employees of large staff model HMOs such as Kaiser, city, county or state governments and Federally Qualified Health Centers.

Clinical Supervisor's Name, Title, and Phone Number

Management Supervisor's Name and Title

Agency Mailing Address

Briefly describe the population the agency serves:

Describe your job:

How many psychotherapy clients 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:

Are your first- and second-line supervisors familiar EMDR? Are they supportive of your intention to use this psychotherapy approach with agency clients?

Participant's Signature

Date