

**Be the Change Global Wellness EMDR Therapy Training**  
**Basic EMDR Training Registration Form**

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

Which of the Following eligibility categories best describes you? Please provide **one** of the three option documentations.

**Licensed**      Field \_\_\_\_\_ License # \_\_\_\_\_  
Initial date of License \_\_\_\_\_ State of License \_\_\_\_\_  
**(Attach a copy of current license)**

**Graduate Degree:** \_\_\_\_\_ Diploma Date \_\_\_\_\_  
**(Attach a copy of      Diploma)**

**Graduate Student**



524 Milwaukee St., Suite 308, Delafield, WI 53018

4650 North Port Washington Rd, Lexington Entrance,  
Milwaukee, WI 53212

Phone (262) 646-8288 Fax (262) 646-8255

[www.affiliatedwellnessgroup.com](http://www.affiliatedwellnessgroup.com)

*For your mind, body, soul, and spirit wellness.*

Is your supervisor supportive of your intention to use this Psychotherapy approach with clients in your setting? \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

University Name: \_\_\_\_\_ Graduate Program: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

### Degreed, Non-Licensed

A signed letter from your supervisor on agency letterhead will be required with the following information included in the letter:

- a. A statement supporting your participation in this EMDR Therapy Basic Training
- b. A statement verifying your intention to seek licensure
- c. A statement acknowledging that Affiliated Wellness Group's EMDR Therapy Training will be providing consultation services only, not clinical supervision to you, that the Clinical Supervisor retains responsibility for the professional oversight of all psychotherapy services provided by you, the applicant in your supervised setting.

Please email this information along with your signed participant agreement to:

[JenniferJonesEMDR@gmail.com](mailto:JenniferJonesEMDR@gmail.com) or mail to Affiliated Wellness Group 524 Milwaukee Street #308, Delafield, WI 53018

**ALL REGISTRATION MATERIALS MUST BE RECEIVED AT TIME OF PAYMENT NO LATER THAN 1 WEEK PRIOR TO CLASS.**



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