



EMDR-C Consultation Form

This portion to be completed by applicant:

Date: _____

Applicant name (as it appears on professional license): _____

Applicant Phone Number: _____

Applicant Email Address: _____

Name of EMDR Training Completed: _____

This portion to be completed by consultant that provided EMDR consultation to the applicant:

Consultant Name (as it appears on professional license): _____

How many hours of EMDR consultation did you provide the Applicant? _____ Hours

Dates of consultation (date range is acceptable): _____

Did you review an EMDR focused session/transcript conducted by the Applicant?

_____ Yes _____ No

Based on your assessment of the Applicant’s professional capabilities, is this Applicant competent in the following categories?

	Yes	No
Knowledge of complex trauma		
Knowledge of EMDR protocols and methodology		
Utilization of EMDR in clinical practice		

Do you feel that the Applicant is sufficiently prepared to use EMDR in treating clients? _____ Yes _____ No

I verify that this is complete, accurate, and that the information provided is factual and true to the best of my knowledge.

Consultant Signature: _____

Date: _____