**EMDR Certification Participant’s Agreement**

**(adopted from Freitag and Swan, 2011)**

The focus of this professional consultation is the clinical application of EMDR in one’s professional practice. The applicant will be evaluated on their proficiency to the EMDR model and practice. The goal of this consultation is to meet the consultation requirement for EMDRIA Certification in EMDR.

In order to use these consultation hours towards Certification, I understand that I will need to demonstrate competency in several areas pertinent to the EMDR model and practice, as described in the Learning Objectives provided by Nancy Simons, LMHC. I understand I will be requested to provide at least one behavioral sample (i.e., video) using EMDR, which will be reviewed by the group (if relevant) or during individual consultation. If deemed necessary, additional behavioral samples may be required to demonstrate the basic skills and knowledge appropriate for EMDR Certification. I am aware that if Nancy Simons, LMHC, does not see the necessary proficiency of EMDR skills and abilities demonstrated in the 20 hours, more consultation time may be needed for an additional fee. I also understand that, if for whatever reason, Nancy Simons. LMHC is unable or unwilling to endorse my application for Certification in EMDR, I will be notified prior to the 10th consultation session (if Nancy Simons, LMHC is providing the full 20 hours for certification) and by the 4th consultation (Nancy Simons is providing less than the full 20 hours). If this were to occur, and another Consultant is providing hours, you agree to give Nancy Simons, LMHC permission to consult with the other Consultant regarding concerns and in support of your development in the practice of EMDR.

It is understood that neither Nancy Simons, LMHC, as the consultant, nor other therapists/participants shall be construed as providing supervision to a participant on any specific case. While clinical possibilities will be discussed and ideas shared in relation to the clinical situations presented, the therapist is solely responsible for the clinical management of the client/patient and is expected to exercise his/her best judgment in all relevant clinical matters. I also understand that whatever information is presented in these sessions is to be kept confidential among the participants both during and after your participation in the group.

A collegial atmosphere is advocated and will be fostered at all times during this process. In the rare event of a conflict, both Nancy Simons, LMHC and I commit ourselves to resolve any issues in a professional manner. It is also understood that both Nancy Simons, LMHC MA, and I agree to abide by the code of ethics of the professional organization(s) to which we belong.

**Requirements for hours toward Certification through Group Consultation (if applicable):** Consultees are required to present one case per group session and/or provide feedback toward other clinical presentations by other clinicians. This allows the Consultant to further identify competency areas and areas for continued development. If a Consultee does not provide either a case presentation or provide feedback, the group session CANNOT be counted toward certification hours.

Individual Consultation fee is $125/60 minutes session. Group consultation fee varies dependent on group size. If additional sessions are necessary, I agree to contract for more sessions. **I understand that I am financially responsible for individual and group sessions whether or not I attend each session (baring an emergency).**

**I have read and will agree with the above policies.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultee’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant’s Signature Date