

AGENCY DISCOUNT FORM
EMDR Basic Training with Janet Wright, LCSW

If you are requesting an agency discount, please complete this form, with signature, and include it with your other registration materials. Applications will be evaluated on a case by case basis.

Clinician's Name and Job Title:

Name of Agency:

First Line Supervisor's Name, Title, and Phone Number:

Second Line Supervisor's Name and Title:

Agency Mailing Address:

Briefly describe the population the agency serves:

Describe your job:

How many psychotherapy cases do you see and with what frequency?

In what psychotherapy method(s) have you been trained?

Are there clinicians in your agency currently using EMDR with clients?

If yes, please describe how many clinicians use EMDR and with what clients.

What do your first- and second-line supervisors know about EMDR?

Are they supportive of your use of this psychotherapy approach with agency clients?

AGENCY PAYMENT POLICY

This training contract is with the applicant and not the agency; any payments received from an agency are regarded as payments by the applicant. The trainer has no legal or financial obligation to the agency. A billing statement is provided to the applicant to use as documentation of training expenses for tax purposes or for agency reimbursement. A check will be accepted from the agency on behalf of an applicant as a convenience to the applicant. If the applicant's agency chooses to pay Janet Wright, LCSW, for the applicant's tuition in full, a reimbursement for any personal deposits made by the applicant will be made. Unless other arrangements are made, full payment must be received no later than 30 days prior to the start of training.

I HAVE REVIEWED AND AGREE TO THE TERMS OF THE ABOVE POLICY:

Signature

Date