Consultation Documentation Form

EMDR Basic Training Program

(The Institute for Creative Mindfulness)

Trainee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Date & Time | Group or Individual\* | Consultant Name & Signature\*\* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\* At the basic training level, you may complete your 10 hours in any combination: all group, all individual, or a combination.

\*\* If consultation is completed over the phone or Skype, please have the consultant verify your completion of these hours via email or letter.