

ADVANCED EDUCATIONAL PRODUCTIONS

Participant's Agreement

I,

Enter Full Name

Address: _____

City: _____

ST: _____

Zip: _____

Email: _____

Phone: _____

Fax: _____

- 1) Hereby attest and affirm that I have read the entire distance learning course material "Healing the Heart of Trauma and Dissociation with EMDR and Ego State Therapy."
- 2) I also attest and affirm that the test I am submitting was completed by me without outside support.
- 3) I further understand that in order to receive EMDRIA CE Credits for this Distance Learning Course, I must submit the Course Evaluation, pass the test with a score of 80% and also have signed and submitted this Participant's Agreement.
- 4) Further, I affirm and attest that I have completed the EMDR Basic Training
- 5) (Part 1 and 2) with an EMDRIA approved training program.
- 6) Pay the distance learning course fee of \$80 (check made payable to Carol Forgash).

Date of Completion of EMDR Basic Training: _____ / _____ / _____

EMDRIA Approved Training Program or Trainer: _____

I understand that all materials shall be submitted to:

Carol Forgash, LCSW
Approved EMDRIA Credit Provider
353 North Country Road
Smithtown, New York, 11787

Upon submitting the Test, Evaluation, Participant Agreement and fee, and successfully passing the Test, I will receive a Certificate of Completion for 8 CE's.

Signature: _____

Date: _____ / _____ / _____