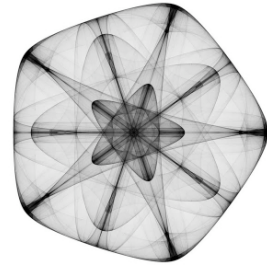


Sonoma Psychotherapy Training Institute
Basic Training in EMDR
Graduate Student Eligibility and Discount Form



If you are requesting a student discount, please complete this form and include it with your registration application package. We evaluate these applications on a case-by-case basis. Along with this form, you must provide written evidence from the registrar's office that you are enrolled as a fulltime student during the period of the training program.

Participant's Name and Job Title

Name of Graduate Program, degree, and major being pursued

Internship Setting and Mailing Address

Internship Clinical Supervisor's Name, Title, and Phone Number

Internship Management Supervisor's Name and Title

Briefly describe the population the served in the internship setting:

Describe your job:

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

What psychotherapy method(s) have you been trained in?

Do other clinicians in your agency currently use EMDR with clients? If yes, please describe:

Are your first and second line supervisors familiar EMDR? Are they supportive of your intention to use of this psychotherapy approach with clients in this setting?

Participant's Signature

Date