

Kim Johnson, L.C.S.W.
EMDR International Association Approved
Consultant & Trainer
www.TransformYourLifeCounseling.com

EMDR BASIC TRAINING

Part 1 Dates: September 27, 28 and 29, 2019

Part 2 Dates: November 8, 9 and 10, 2019

Times: 8:30 am to 4:30 pm

Location: HOPE Counseling Center, 1430 Alhambra Blvd., #200, Sacramento CA 95816

Registration Fees:

Private Practice Clinician/For-Profit Agency Employee: \$ 1,495.00

Trainees/Associates/Non-Profit Agency: \$ 1,095.00

Are you already trained and would like a refresher course?

Private Practice Clinician/For-Profit Agency Employee: \$ 595.00

Trainees/Associates/Non-Profit Agency: \$ 495.00

Registration Fees Include: Training manual and daily notes. 40 hours of continuing education credits. Ten (10) hours of group consultation.

This training is an EMDRIA Approved EMDR Training Program. Each attendee must attend five 2-hour group consultations in addition to the training sessions. These times will be provided at the training, as there are several options of groups to attend.

Continuing Education for L.C.S.W., L.M.F.T., Psychologists and RNs.

Terms & Conditions:

- Attendance at an entire program is required for CE Credit. No partial credits will be awarded for any program.
- Please register early and arrive before the scheduled start time. Space is limited.
- Registrants cancelling up to two (2) weeks before the workshop will receive a tuition refund, less a \$50 administrative fee. No refunds for less than 72 hours cancellation.
- A \$35 service charge applies to each returned check.
- All trainings are held in facilities in accordance with the Americans with Disabilities Act. If special accommodations are required, please notify the trainer 72 hours in advance.
- Note temperatures in meeting rooms are variable, please dress in layers.

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Registration Form

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Part 2 Dates: November 8, 9 and 10, 2019

Times: 8:30 am to 4:30 pm

Name: _____

Company: _____

Address: _____

Telephone Number: _____ Email: _____

Registration Fees (Please Select One):

| | | | |
|--|--|-------------|----|
| | Private Practice/Clinician/For Profit Agency Employee | \$ 1,495.00 | |
| | Trainees/Associates/Non-Profit Agency | \$ 1,095.00 | |
| | Refresher: Private Practice/Clinician/For Profit Agency Employee | \$ 595.00 | |
| | Refresher: Trainees/Associates/Non-Profit Agency | \$ 495.00 | |
| | Total Amount Due | | \$ |

Please make your check payable to “Kim Johnson, L.C.S.W.” Paying by credit card?

Credit Card #: _____ Exp. _____

Name as it appears on your card: _____

Three digit code on back: _____ Zip Code: _____

****Return this completed Registration Form with your payment to:
Kim Johnson, L.C.S.W., Transform Your Life Counseling,
2140 Professional Drive, Suite 205, Roseville, CA 95661
Questions? Call our office at 916-780-2575****