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

www. Transform Your Life Counseling. com

EMDR BASIC TRAINING

Are you already trained and would like a refresher course? You can attend....

Part 1 Dates: September 30, October 1 and 2, 2021 (Thurs, Friday, Saturday)
Part 2 Dates: October 28, 29 and 30, 2021 (Thursday, Friday and Saturday)

Times: 8:30 am to 4:30 pm

Location: VIRTUAL via Zoom

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.

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EMDR BASIC TRAINING Registration Form

Part 1 Dates: Part 2 Dates: Fimes: Location:	September 30, October 1 and 2 October 28, 29 and 30, 2021 (T 8:30 am to 4:30 pm VIRTUAL via Zoom		• '
Name:			
Company:			
Address:			
	: Email:_		
	Registration Fees (Please Se	lect One):	
Private Practice/Clinician/For Profit Agency Employee		ree \$ 1,495.00	
Trainees/Associates/Non-Profit Agency		\$ 1,095.00	
Refresher: Private Practice/Clinician/For Profit Agency Employee		s 595.00	
Refresher: Trainees/Associates/Non-Profit Agency		\$ 495.00	
Total Amount Due			\$
Please make your c	heck payable to "Kim Johnson, L.C.S.V	W." Paying by cred	dit card?
Credit Card #:			
	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