

EMDR of Greater Washington

Agency Discount Form

If you are requesting an agency discount, please complete this form and include it with your other registration materials. We will evaluate these applications on a case by case basis.

Clinician's Name and Job Title

Name of Agency

First Line Supervisor's Name , Title, and Phone Number

Second Line Supervisor's Name and Title

Agency Mailing Address

Briefly describe the population the agency serves:

Describe your job:

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

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

Are there clinicians in your agency currently using EMDR with clients? If yes, please describe:

What do your first and second line supervisors know about EMDR? Are they supportive of your use of this psychotherapy approach with agency clients?