

THREE RIVERS TRAINING CENTER

Basic Training in EMDR

Agency Eligibility and Discount Form

To request a non-profit agency discount, please complete this form and include it with your registration application package and provide a letter on agency stationary from your employer confirming full time employment.

Participant's Name and Job Title (including hours working with the agency)

Name of Agency

Clinical Supervisor's Name, Title, and Phone Number

Management Supervisor's Name and Title

Agency Mailing Address and Phone Number

Briefly describe the agency and its attitude toward EMDR therapy

Participant's Signature / Date