

EMDRIA APPROVED BASIC TRAINING IN EMDR

A Developmentally Grounded Training for Treating Clients from Children to Adults.

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Part 1: November 13, 14, 15 2020

Part 2: January 15, 16, 17 2021

Location: VIRTUAL! Live from Your home.

**Co-Hosted by:
Brave Minds Psychological Svcs
Scotch Plains, New Jersey
www.BraveMindsNJ.com**

Registration Fee:
for Part 1 and 2, including
10 hours group consultation
\$1100

Non-profit/community mental health/interns

\$1495

Private practitioner/for-profit agency employees

**Payment plans available, select when registering online*

To Register:

www.mirandacounseling.com

About the Trainer: Elizabeth Miranda, MS, LCMFT, RPT-S has been a therapist in the Kansas City area for over 15 years. She works with clients of all ages, from the youngest of 0 to 3 to adults and couples. Elizabeth was trained by Dr. Robbie Adler-Tapia, and uses Dr. Tapia's approach in teaching basic level training in EMDR. She and her training team have experience *implementing EMDR with adults, teens, children AND couples!!!*

SPACE IS LIMITED. SIGN UP EARLY.

Registration fee includes:

- Training manual and worksheets
- 10 hours of required group consultation
- 50 hours of professional CEUs

**Basic Level Training must be completed within 9 months of starting the process. Please keep this in mind as you prepare to attend.*

BONUS! RECEIVE 1 DAY ADVANCED TRAINING for FREE if attending this level 1 and 2 workshop.

EMDR with KIDS and PLAY THERAPY: learn play therapy activities for every phase of the EMDR protocol. Play Therapy activities, live demonstrations, and video case examples will be used to help you put it all together in learning how to use EMDR with kids! Date: To Be Announced, Spring and fall 2021



SCHEDULE

Registration begins at 8:00 am Central Standard time

Lecture: 8:30 am – noon

Lunch: noon – 1

Lecture: 1:15 – 5:00 pm

Cancellation Policy

- Cancellations made 2 weeks before the training will be refunded minus a \$100 processing fee.
- Cancellations made less than 2 weeks before the training will be offered participation in future trainings for 2 years.

HOTEL AND TRAVEL

NONE NEEDED!! Affordable EMDR Training right in your own office or home!!

DIRECTIONS for VIRTUAL

How does this work? A manual will be shipped to your door. A link will be sent to you daily to log on for the live training via zoom.

Daily, you will be placed with a partner into a private breakout room where you and your partner get valuable experience: as the therapist, and as the client, utilizing the tools of EMDR with each other. Don't worry... our TEAM of coaches are right there with you, offering you support and answering questions as you work to implement EMDR with your dyad

PAYMENT

To pay by check:

Make checks payable to: **Miranda Counseling, LLC**

Mail check and registration form to: **Miranda Counseling, LLC**
11111 Nall Avenue, Suite 102 Leawood, KS 66211

To pay by Credit Card:

Go to www.mirandacounseling.com under "Trainings" and click to register and check out

PAYMENT PLAN AVAILABLE: When registering online, select the payment plan option and make an initial payment to hold your spot. Or, you can mail a check in with your registration. Payment plan recipients must sign an agreement; the registrant understands that fees must be paid in full before attending, with half due before attending level 1. **No refunds will be issued within 2 weeks of start date. Refunds prior will be charged a \$100 processing fee*

- Should the payment plan be cancelled for any reason, the registrant will be held responsible for aspects of the program that have been completed.
- Continuing Education Credits (20 per part, 10 hours consultation - 50 total) will be approved and issued upon completion of the full training and full payment

PLEASE SEND REGISTRATION FORM, LICENSE DOCUMENTATION, AND PAYMENT TO:

Mail:

Miranda Counseling, LLC
11111 Nall Avenue, Suite 102
Leawood, KS 66211

Email:

training@mirandacounseling.com

*CREDIT CARD: If paying by credit card, go to www.mirandacounseling.com click on "Trainings" and use corresponding sign up link.

*CHECK: If Registering by mail, please submit the attached registration form.

For more information and registration: www.mirandacounseling.com

PARTICIPANT AGREEMENT

REGISTRANT INFORMATION (Please Print)

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Professional License & License Number: _____

**Students/Interns and Therapists under supervision must complete the Supervisor Permission Form*

Please read and acknowledge the following agreement prior to commencing EMDR therapy basic training.

*Submit via email to Training@mirandacounseling.com prior to start date

- All participants will participate in a 20 hour practicum, in which attendees will utilize EMDR with another participant. This may trigger unexpected access to past traumas, disturbing memories, and anxiety.
- By signing below, you are stating that you are licensed in the mental health field, or, if not licensed, have completed masters level coursework, currently in a licensing track and supervised by a licensed clinician with the appropriate letter on file.
- Case material presented didactically or on video/DVD may be disturbing to those with unresolved personal issues. In addition:
 - ❖ Participants presently engaged in personal therapy should seek permission from their therapist before participating in this training.
 - ❖ Participants who presently have a dissociative disorder should not participate without special arrangements being made with the Elizabeth Miranda, Miranda Counseling, LLC.
 - ❖ Participants with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult their medical professionals before participating.
- Since the processing of targeted incidents may continue after the training, other dreams, memories, etc., may surface. In such cases, it is the responsibility of the participant to seek and obtain appropriate assistance. Providing such assistance is not an extension of the training. Clinicians who wish to continue with personal EMDR therapy can request referral information from our training staff.
- These experiential workshops, Weekend 1 and Weekend 2, are for clinical and research purposes only and will not qualify the participant to train others in EMDR therapy.
- Cancellation: 2 weeks prior, a refund minus \$50 processing fee will be provided. Within 2 weeks, no refund will be made. Participants may use payments towards future trainings within a 2 year period.
- A Continuing Education Certificate will be issued only to those who attend the entire training and participate in the practice exercises on all 3 days. In certain states, there may be an additional fee for CE Classes
- CASE CONSULTATION: To be admitted to Weekend 2 of the training, documentation showing completion of 5 consultation hours with an EMDR Institute Facilitator is required (List of Facilitators and Consultation Sign Off Form will be in the Weekend 1 manual). A CE Certificate and Certificate of Completion will be issued only to those who complete the Weekend 2 training and have completed 10 hours (5 hours prior to Weekend 2 and 5 hours after Weekend 2) of case consultation with an EMDR Institute Approved Facilitator.

The undersigned acknowledges that (s)he has been advised & understands the above participant agreement and is responsible for the total amount due BEFORE training begins

Signature: _____

Date: _____

Supervisee Consent Form

Consent for Supervisee to Attend EMDR Basic Training

*This form is to be completed and submitted to Miranda Counseling at or before the training for anyone who is ***under supervision towards licensure***. This includes graduate interns (must be in 2nd year or practicum level), or post-graduate professionals under supervision toward independent level licensure

*This form must be submitted in order to attend

Name of Attendee: _____

Month/Year/City of the training requested: _____

Name of Supervisor: _____

Email address of Supervisor _____

Supervisor's License State, Type and #: _____

RELEVANT INFORMATION

Supervisor, please check the boxes below to acknowledge:

- I understand that my supervisee will be practicing EMDR Therapy and related procedures during the training.
- I understand that to receive the most benefit from the course my supervisee will need to practice EMDR Therapy with clients during the follow-up consultation period (0-12 months after the training.)
- By entering my name below, I give my consent for my supervisee to attend the training.
- I acknowledge that my supervisee has completed their Masters Level work and is pursuing Licensure or is a Graduate Student in the Practicum portion of their curriculum.

Supervisor, please sign your name to acknowledge your consent here:

SIGNATURE OF SUPERVISOR

DATE