

Basic EMDR Therapy Trainings by the *Niagara Stress & Trauma Clinic*  
**REGISTRATION (EMDRIA-Approved program)**

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

COLLEGE/PROF. ASS'N: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_

WORKPLACE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Personal Email (for Thinkific registration): \_\_\_\_\_

**PAYMENT OPTIONS (Basic EMDR Training) – Please choose either #1 or #2\*\*:**

**1. Single payment**

- Booked fewer than 45 days before course: \$2,900 + \$377 HST = \$3277
- Booked more than 45 days before course: (EB) \$2,800 + \$364 HST = \$3164

**2. OR: Two payments**

- Booked fewer than 45 days before Part 1: (based on \$2,950) \$1,475 + \$191.75 HST = 1,666.75 x 2  
 Note: 2nd payment will be processed 45 days before Part 2
- Booked more than 45 days before Part 1: (EB) (based on \$2,850) \$1,450 + \$188.50 HST = \$1,638.50 x 2

**CREDIT CARD** Visa  MC  Security Code - 3 digits on back of card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

ETrsf to: [Bhorne@StressAndTraumaRelief.com](mailto:Bhorne@StressAndTraumaRelief.com)

**CHEQUE (payable to the *Niagara Stress & Trauma Clinic*)**

Please post-date your cheques to reflect the payment option you are choosing. Cheques must be dated for 45 days prior to the start of each course (2 cheques for 2-payment option).

**\*\*Payments are not taken until the 45-day mark, when the program is confirmed. \*\***

2024-25 EMDR COURSES (June 2024)				
Please check the program you are requesting				
Location		✓	Location	✓
<b>Toronto A (In-person)</b>	P1: May 24-27, 2024 P2: Sept. 20-22, 2024		<b>Toronto A (In-person)</b>	P1: May 23-26, 2025 P2: Sept. 19-21, 2025
<b>Toronto B (Virtual)</b>	P1: Nov. 22 & 23, 2024 Dec. 6 & 7, 2024 P2: Feb. 21 & 22, 2025 Mar. 7 & 8, 2025		<b>Toronto B (Virtual)</b>	P1: Nov. 21 & 22, 2025 Dec. 5 & 6, 2025 P2: Feb. 20 & 21, 2026 Mar. 6 & 7, 2026
<b>Toronto C Shabat-friendly (In-person)</b>	P1: Jan. 20-23, 2025 P2: Apr. 7-9, 2025		<b>Toronto C Shabat-friendly (In-person)</b>	P1: Jan. 19-22, 2026 P2: Apr. 13-17, 2026

The Provider maintains full responsibility for the Basic EMDR Training.  
**Toronto A Venue:** Doubletree by Hilton, 925 Dixon Rd., Toronto  
**Toronto C Venue:** George Hull Centre for Children & Families, 81 The East Mall, Toronto

**PLEASE NOTE:** Barbara Horne is approved by EMDRIA to offer Basic EMDR Therapy Trainings in person and virtually. All training dates are fixed, in the format indicated. For virtual trainings, each participant will need a secure internet connection and a headset with microphone. Full program includes Part 1 & 2 plus 10 consultation hours.

**EMDRIA requires that BASIC TRAINING PROGRAMS be completed within a 12-month period from the initial start date.**

**NOTE:** Course runs from 8:30am – 5:00pm with a one-hour lunch break (not included) from 12-1pm.

**PLEASE INCLUDE THE FOLLOWING with REGISTRATION (EMDRIA Requirement\*)**

- A copy of your Masters or Doctoral Degree in a counselling field\*
- A copy of your license, Certification or Registration\*
- Proof of Professional Liability Insurance (if in private practice), current at the time of course. NOTE: Please check your policy expiration date.\*
- Participant's Agreement (found with the reg form on the website)

**CANCELLATION POLICY:**

There is a \$200 cancellation fee up to 45 days prior to the start of a course and a \$400 cancellation fee after the 45-day mark. You may transfer your registration fee at no cost to an alternative course, pending seat availability. Refunds on request only, determined on a case-by-case basis.

Email, fax or mail your completed registration form & Participant's Agreement (required) to:

Niagara Stress & Trauma Clinic, c/o Barbara Horne:

EMAIL: [Bhorne@StressAndTraumaRelief.com](mailto:Bhorne@StressAndTraumaRelief.com) or FAX to: (905) 687-6865 or MAIL to: 201-93 Ontario Street, St. Catharines, Ontario L2R 5J7

## **Niagara Stress & Trauma Clinic, Online Basic EMDR Therapy Training**

Barbara Horne, MASc, RP, RMFT & Dr Philippe Gauvreau, C.Psych.

EMDRIA Approved Consultants and Training Providers

### **Participant's Agreement**

To protect your interests and those of the other participants in the course, we require that you review and sign this participant's agreement. Please read this carefully-- if you have any questions about this agreement, please contact the Trainer.

I, \_\_\_\_\_ Date \_\_\_\_\_

1. Understand that I must complete this training within twelve months of the initial start date.
2. Agree to maintain the confidentiality of the case studies described during the training and of my fellow-participants, regarding any material that surfaces during Practicums.
3. Understand that the 20 hours of Practicums are for the purpose of teaching EMDR therapy, and that they are a mandatory requirement for completion. This will not be role-play; participants will work on real issues, while taking into account that this is a training setting.
  - a. While being a client, it is possible that distressing material and feelings may emerge. I undertake to seek out support and if needed, therapy, to address any such distress that may arise during the training. I understand that the instructor/facilitator will work with course participants during the training, to assist in managing the distress, but the long-term management is my responsibility.
  - b. These practice experiences are more for training purposes than for personal therapy. I agree to maintain an attitude of cooperation and mutual support during the training.
  - c. The trainer and facilitators will be providing direct and live feedback, assistance & guidance while I am practising EMDR Therapy. I undertake to be open to feedback and learning.
  - d. I understand that during Practicums, client-welfare supersedes the training therapist's experience. In the rare event that my practicum-client can't maintain dual awareness, I may not be able to do a Standard Protocol with him/her/them. I would then do EMDR-related stabilization for for this practicum. If I felt that my training experience had been compromised, the Trainer and I will discuss options for helping me get the experience I need.
4. I do not have any medical condition that would put my health at risk in the course of EMDR reprocessing (eg. cardio pathology, seizure disorder, eye problems, asthma). If I have any relevant medical condition, it is my responsibility to notify the instructor.
5. I understand that if I meet criteria for Complex PTSD and/or a Dissociative disorder (DDNOS/DID), it is imperative that I notify the instructor/facilitator, so that the necessary care can be taken during practicums, which involve doing real personal work, especially during Part One (because my training therapist will have no experience with EMDR & dissociation).
6. I agree to not teach EMDR therapy to colleagues and friends. Participants are encouraged to share information about EMDR, including its efficacy and

treatment outcomes. It is essential, however, that any training is done by an EMDRIA-Approved Instructor.

7. I agree to have my name and contact information given to the EMDR Association of Canada, the EMDR International Association and NeuroTek Corporation (EMDR Products) for use in giving me information about EMDR, related workshops, courses & equipment.
8. Agree to practise EMDR with my client base, while doing my Basic Training (at least 2 clients) and to bring these cases into the consultation process for support with my integration of EMDR practice.
9. I understand that I must attend all 52 hours of the training (didactic & practicums) and the 10 hours of group consultations in order to complete this program and to read the mandatory course material between Part One and Part Two. Any missed portion would need to be made up (and reasonable fees would be applicable).

### **For Virtual Courses**

10. Agree to have a secure internet connection, a quiet & private location and a headset, as well as a backup system (eg phone, with data) if my internet connection fails. I agree not to record any part of the program.
11. I agree that during Practicums, I will maintain connection with the training group. If I need a moment of privacy, I will at least maintain auditory connection, and return visually as soon as I can. I understand that it is important that the training staff not lose connection with me.

---

Participant 's Name (Print)

---

Participant 's Signature