Basic EMDR Therapy Trainings by The Niagara Stress and Trauma Clinic (EMDRIA-Approved Program)

REGISTRATION

FIRST NAME: _____ SURNAME: _____

COLLEGE/PROF ASS'N: _____

REGISTRATION #: _____ DEGREE & DESIGNATION: _____
(for certificate)

HOME ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

CELL PHONE: _____ WORK PHONE: _____

PERSONAL EMAIL: _____

WORK EMAIL: _____

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)
- Participant's Agreement

2026/2027 EMDR COURSES

Please check the program you are requesting

Location	Date	✓	Location	Date	✓
Toronto B 2026 (VIRTUAL)	P1: Nov 6 & 7, 2026 Nov 20 & 21, 2026 P2: Feb 5 & 6, 2027 Feb 26 & 27, 2027		Hamilton/ Niagara 2027 (IN-PERSON)	P1: May 18-21, 2027 P2: Sept 21-23, 2027	
Toronto-B Overlap 2027 (VIRTUAL)	P1: Jan 29 & 30, 2027 Feb 19 & 20, 2027 P2: Apr 9 & 10, 2027 Apr 30 & May 1, 2027				

Hamilton/Niagara Venue: The Jordan Hotel, 2793 Beacon Blvd, Jordan Station, Ontario

The Provider maintains full responsibility for the Basic EMDR Training.

PAYMENT OPTIONS - Please choose either #1 or #2

1. **Single Payment**
   - ☐ Booked fewer than 45 days before course
     $2,900 + $377HST = $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
   - ☐ Booked more than 45 days before Part 1 (EB) (based on $2,900):
     $1,450 + $188.50 HST = $1,638.50 X 2

ALREADY TRAINED? - Auditing Options

****does not include text, practicums or consultation hours**

- ☐ Audit part 1 or 2
  $750 + $97.50 HST = $847.50
- ☐ Audit both parts
  $1500 + $195 HST = $1695
- ☐ OR 'cherry pick' the sessions you want and discuss fee with Barbara

PAYMENTS DUE 45 DAYS BEFORE COURSE
CREDIT CARD: payments taken through invoice from Quickbooks
E-TRSF to: 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. ****

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 or FAX to: (905) 687-6865
or MAIL to: 201-93 Ontario Street, St. Catharines, Ontario L2R 5J7

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.

Participant's Agreement

(EMDRIA Approved Basic EMDR Therapy Training with Barbara Horne MASc, RP, RMFT – EMDRIA Approved Trainer)

To protect your interests and those of the other participants, we require that you review this participant's agreement. Please sign it to confirm you have read and understood these important topics. If you have any questions about this agreement, please contact the course instructor.

I, the undersigned,

1. Agree to maintain the confidentiality of 1) my fellow-participants, regarding any material that surfaces during the practicum portions of the course, 2) the clinical cases & videos presented by the instructor during the training.

2. U**nderstand that the 20 hours of practicums are for the purpose of teaching EMDR therapy.** The practicum portion is an EMDRIA mandatory requirement for completion of the Basic Training. This will not be role play, participants will work on real issues, but also considering that this is a training setting. These practicums are facilitated/coached by the instructor or facilitator to promote integration of the theoretical and practical notions taught in the didactic portions of the training.
   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 for training purposes only and not for personal therapy. Attendees are invited to maintain an attitude of cooperation and mutual support during the course of the training.
   c. The trainer and facilitators will be providing direct & live feedback, assistance and guidance while you're practicing 8 phases of the basic protocol. Attendees are expected to be open to feedback and learning. Disruptive or discriminatory attitude or refusal to participate will be addressed by the instructor in order to maintain a safe context.
   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 work 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.

3. 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) or if I am in an at-risk pregnancy. If this is the case, **it is my responsibility to notify the instructor and facilitator before the training.**

4. 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 before the training**, so that the necessary care can be taken during Practicums, which involve doing real personal work, especially during Part One (because my training therapist might not have experience working CPTSD & dissociation, and certainly will not have experience using EMDR as they, too, are in training).

5. 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 Trainer.

6. I agree to have my name and contact information sent to EMDR International Association & EMDR Canada to confirm my completion of an EMDRIA Approved Training (EMDRIA requirements) – EMDRIA does not use your contact information in any other way.

7. I agree and commit to practicing the 8 phases of EMDR with my client base, while doing my Basic Training - at least 2 clients – and to bring those cases into the consultation process for feedback and support with my integration of EMDR practice.

8. Agree to have a secure internet connection, a quiet & private location and a headset, as well as a backup system (e.g. cell phone, with data) if my internet connection fails. I agree not to record any part of the program.

9. 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. EMDRIA's regulations require attendees to have their webcams on during the training.

10. I understand that I must attend all 63-66 hours, in order to complete this training. Any missed portion will require I complete later (withing the one-year timeframe) and that a reasonable fee could be applicable.

Participant's Name (Print)	Participant's Signature	Date