

Infinite Learning
Basic Training in EMDR
Graduate Student Eligibility and Discount Form



To request a student discount, please complete this form and include it with your registration application package and provide written evidence from the registrar's office that you are enrolled as a full-time student. **If you are not licensed for independent practice**, include the additional documentation described in the Non-Licensed Applicant Instructions.

Participant's Name and Job Title

Name of Graduate Program, degree, and major being pursued

Internship Setting and Mailing Address

Internship Clinical Supervisor's Name, Title, and Phone Number

Internship Management Supervisor's Name and Title

Briefly describe the population the served in the internship setting:

Describe your job:

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

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

Do other clinicians in your agency currently use EMDR with clients? If yes, please describe:

Are your first- and second-line supervisors familiar with EMDR? Are they supportive of your intention to use this psychotherapy approach with clients in this setting?

Participant's Signature_____ Date_____