

**TAPIA COUNSELING AND PSYCHOLOGICAL SERVICES, INC**  
**1615 E. Warner Road, Suite 2**  
**Tempe, AZ 85284**

**Payment Agreement for Introductory Training in EMDR Therapy**

Date: \_\_\_\_\_

EMDR Therapy Training Participant Name: \_\_\_\_\_  
(Please print)

\_\_\_\_\_ (initial) I \_\_\_\_\_ (participant name) am requesting a payment plan for the EMDRIA Approved Introductory Training in EMDR Therapy with Tapia Counseling & Psychological Services, INC. With this agreement, I agree to pay \$500 two weeks before the first training date \_\_\_\_\_(Date) and the remainder at least two weeks before the second training date \_\_\_\_\_(Date).

\_\_\_\_\_ (initial) By entering into this payment agreement, I am agreeing to attend and pay for the full training including all dates of training (40 hours – dates listed above) and consultations (10 hours to be determined).

\_\_\_\_\_ (initial) My payments are my responsibility and I will complete the consultation hours within two years of final training date listed above.

\_\_\_\_\_ (initial) I understand that by signing this agreement, I am responsible to pay the full amount for the training \$\$\_\_\_\_\_.

\_\_\_\_\_  
Signature of EMDR Therapy Training Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
TAPIA COUNSELING AND PSYCHOLOGICAL SERVICES

\_\_\_\_\_  
Date