

# Licensure/Internship Supervisor Consent for Supervisee to Attend EMDR Therapy Basic Training

## TAPIA COUNSELING AND PSYCHOLOGICAL SERVICES, INC

- Name of Licensure/Internship Supervisor: \_\_\_\_\_
- Email address of Licensure/Internship Supervisor \_\_\_\_\_
- Supervisor's License State, Type and #: \_\_\_\_\_
- Name of Potential Training Recipient: \_\_\_\_\_
- Month/Year/Location of the training requested: \_\_\_\_\_

### RELEVANT INFORMATION

Supervisor, please read the following information on the TAPIA COUNSELING AND PSYCHOLOGICAL SERVICES, INC at [Dr.Robbie.org](http://Dr.Robbie.org) website:

1. The Course Overview
2. The Course Participation Agreement
3. The Course Eligibility

Supervisor, please check the boxes below to acknowledge:

- I have read the above TAPIA COUNSELING AND PSYCHOLOGICAL SERVICES, INC website information.
- 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 type your name to acknowledge your consent here:

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE