

Rutti Counseling & Consultation, LLC
Contract Agreement for Group Consultation: Consultant in Training

Group Information

This agreement outlines the expectations regarding group consultation toward EMDRIA Approved Consultant Status in EMDR. Consultation groups for clinicians seeking EMDRIA AC status are structured as follows:

- Groups will meet for 120 minutes each.
- Each group will be limited to 4 participants to allow all to present material on consultation.
- Consultees are expected to come prepared to present material relevant to the provision of consultation, complete with notes.
- Do not include any information that will identify the case you are presenting.

The following items are due (sent via email, fax, or mail) at least 1 week prior to the start of the group

- ____ This agreement, signed and dated.
- ____ A copy of your EMDR basic training completion certificate
- ____ A copy of your EMDR certification
- ____ A copy of your consultant in training declaration form

Consultee Information Full Name and degree: _____
License type and number: _____
Preferred mailing address: _____
Preferred Phone: _____ Email: _____
Name & address of work setting: _____

Number of clinicians you currently provide EMDR consultation to: _____
Are you able to provide EMDR consultation in your work setting? Yes / No
Are there other therapists utilizing EMDR in your work setting? Yes / No
If you have a Supervisor who is providing supervision towards licensure, please provide their name and contact information. _____
How long have you been practicing therapy? _____
How long have you been practicing EMDR? _____
With what aspects of EMDR consultation are you most comfortable?

What aspects of EMDR consultation are currently most difficult for you?

Fees

Consultation groups for clinicians seeking EMDRIA Approved Consultant status are \$100/2-hour group (\$75 for full-time non-profit employees)

Please send your completed consultation agreement to me at least one week prior to the first group consultation session. I have read and understand and agree to the above conditions and expectations.

Consultee Name (print)	Signature	Date
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Consultant Name (print)	Signature	Date
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