

Rutti Counseling & Consultation, LLC  
Contract Agreement for Group Consultation: EMDR Therapy Training

Group Information

This agreement outlines the expectations regarding group consultation toward completion of EMDR Therapy training through the Institute for Creative Mindfulness. Consultation groups for clinicians seeking training completion are structured as follows:

- Groups will meet for 120 or 60 minutes each.
- Each group will be limited to 8 (4 for 60min) participants to allow all to present case material
- If part of a scheduled case presentation is missed, the consultee may schedule an individual consultation (for an additional fee) to make up the missed presentation/case review.
- Consultees are encouraged to come prepared to present case material, complete with notes on that case. Cases will be presented using the EMDR case presentation form. You may also ask questions about protocols and case conceptualization to support your learning and understanding of EMDR therapy standard protocol.
- 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.

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

Number of clients you see per week: \_\_\_\_\_  
Are you able to utilize EMDR in your work setting? Yes / No  
Are there other therapists utilizing EMDR in your work setting? Yes / No  
Types of clients and presenting issues with which EMDR will be utilized:  
\_\_\_\_\_  
\_\_\_\_\_

If you have a Supervisor who is providing supervision towards licensure, please provide their name and contact information. \_\_\_\_\_

Prior to learning EMDR, which psychotherapy models were you typically utilizing?  
\_\_\_\_\_

How long have you been practicing therapy? \_\_\_\_\_

How long have you been practicing EMDR? \_\_\_\_\_

With what aspects of EMDR are you most comfortable?  
\_\_\_\_\_

What aspects of EMDR are currently most difficult for you?  
\_\_\_\_\_

Fees

Consultation groups for clinicians seeking basic training hours are \$85/2-hour group

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.

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