

# Eye Movement Desensitization and Reprocessing (EMDR) Agency Agreement

**Upon completion, please email a copy with signatures by Tuesday, May 28<sup>th</sup>, 2024 to [EvidenceToPractice@lsuhsc.edu](mailto:EvidenceToPractice@lsuhsc.edu).**

## AGENCY INFORMATION

<b>NAME OF APPLICANT AGENCY</b>	
<b>AGENCY STREET ADDRESS</b>	
<b>CITY, STATE AND ZIPE CODE</b>	
<b>AGENCY NPI</b>	

## TIME COMMITMENT REQUIREMENTS

The Center for Evidence to Practice will be sponsoring the EMDR training. The applicant's agency must support the practitioner(s) ability to commit to participate in **ALL** training dates: **one (1) Mandatory Orientation Meeting, six (6) days of training, and ten (10) hours of consultation calls**. This is a **requirement** to participate in this training opportunity.

**PLEASE CHECK OFF EACH BOX BELOW TO VERIFY PARTICIPATION FROM YOUR PRACTITIONERS:**

<input type="checkbox"/>	<b>EMDR TRAINING COMMITMENT DUE:</b> Wednesday, June 12, 2024
<input type="checkbox"/>	<b>MANDATORY ORIENTATION MEETING:</b> Tuesday, June 18, 2024 from 12pm-1pm
<input type="checkbox"/>	<b>EMDR PART 1 TRAINING:</b> July 17-19, 2024 from 9:00am-5:30pm
<input type="checkbox"/>	<b>EMDR PART 2 TRAINING:</b> September 18-20, 2024 from 9:00am-5:30pm
<input type="checkbox"/>	<b>EMDR CONSULTATION CALLS:</b> Ten (10) hours of consultation calls

## TRAINEES APPLYING FOR EMDR TRAINING:

<u>NAME</u>	<u>ROLE</u> <i>(Clinician, Supervisor, Administrator, etc.)</i>	<u>LICENSE TYPE</u> <i>(LPC, LCSW, etc)</i>	<u>EMAIL ADDRESS</u>

## AGENCY-BASED SHORT-ANSWER QUESTIONS

To implement EMDR with successful implementation and sustainability, please respond to the following questions. For each response below, **please answer in up to 150 words.**

- 1. Treatment Modalities and other EBPS:** Please describe the services that are currently offered at your agency. Please mention any evidence-based practices that your team implements (examples include MST, FFT, TF-CBT, etc.)

- 2. Caseload:** Trainee practitioner(s) may need to reorganize their current caseload to accommodate EMDR training activities and cases. Please briefly explain how ready your agency is prepared to adapt to this change in caseload.

- 3. Referral Pathways:** Describe your agency's current sources for child/caregiver referrals. Do you anticipate any challenges in finding families who would be able to receive EMDR?

- 4. Sustainability:** Describe your agency's plan for sustaining the implementation of EMDR for the long term. What will be done to maintain the commitment of agency leaders, policies, and retain staff?

- 5. EBP-specific Support:** Does your agency currently have clinicians that are EMDR Basic-Trained/EMDR Certified or are in the process of becoming EMDR Basic-Trained/EMDR Certified? If so, how many and what current support is provided at your agency to those clinicians to execute that EBP model?

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Name of Supervisor:

Date:

Signature of Supervisor: \_\_\_\_\_

**Note: This confirms that the supervisor is consenting the agency and individual trainee(s) to participate in this training opportunity. \*Electronic signatures are acceptable\***

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Name of Administrator:

Date:

Signature of Administrator: \_\_\_\_\_

**Note: This confirms that the administrator is consenting the agency and individual trainee(s) to participate in this training opportunity. \*Electronic signatures are acceptable\***

**DEADLINE TO COMPLETE AGENCY AGREEMENT:**

**TUESDAY, MAY 28<sup>TH</sup>, 2024**

Please email the completed agreement to:

[EvidenceToPractice@lsuhsc.edu](mailto:EvidenceToPractice@lsuhsc.edu)