

Eye Movement Desensitization and Reprocessing (EMDR) Agency Agreement

Upon completion, please submit a signed copy with your [REDCap application](#) by **Friday, June 20, 2025**.

ORGANIZATION INFORMATION

NAME OF APPLICANT AGENCY	
AGENCY STREET ADDRESS	
CITY, STATE AND ZIPE CODE	
AGENCY NPI	

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 twelve (12) 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"/>	EMDR TRAINING COMMITMENT DUE: Friday, July 18, 2025
<input type="checkbox"/>	MANDATORY ORIENTATION MEETING: Tuesday, July 29, 2025 from 12pm-1pm CDT
<input type="checkbox"/>	EMDR PART 1 TRAINING: August 27-29, 2025 from 9:00am-5:30pm CDT
<input type="checkbox"/>	EMDR PART 2 TRAINING: October 8-10, 2025 from 9:00am-5:30pm CDT
<input type="checkbox"/>	EMDR CONSULTATION CALLS: Twelve (12) hours of consultation calls

TRAINEES APPLYING FOR EMDR TRAINING:

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

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?

Name of Supervisor:

Date:

Email of Supervisor:

Signature of Supervisor:

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

Name of Agency Director:

Date:

Email of Agency Director:

Signature of Agency Director:

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

DEADLINE TO COMPLETE AGENCY AGREEMENT:

FRIDAY, June 20, 2025

Please submit the completed agreement in your [REDCap application](#).