Eye Movement Desensitization and Reprocessing (EMDR) Agency Agreement

Upon completion, please submit a signed copy with your REDCap application by MONDAY, AUGUST 10, 2026.

ORGANIZATION INFORMATION

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

TIME COMMITMENT

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 and a half (10.5) 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:

☐ **MANDATORY Orientation Meeting:** Thursday, August 27, 2026, from 12:00pm- 1:00pm CDT
☐ **EMDR Learning Session 1:** Thursday-Friday & Monday, September 10-11 & 14, 2026, 9:00am-5:30pm CDT
☐ **EMDR Learning Session 2:** Thursday-Friday & Monday, November 5-6 & 9, 2026, 9:00am-5:30pm CST
☐ **EMDR CONSULTATION CALLS:** Ten and a half (10.5) hours of consultation calls

PRACTITIONERS APPLYING FOR EMDR TRAINING

*Please make sure **each clinician listed below** also fills out a **EMDR Application**. This is **REQUIRED** for the agency/practitioner to be considered for this training opportunity.*

NAME	**ROLE** *(Staff, Supervisor, etc.)*	**LICENSE TYPE** *(LPC, LCSW, etc.)*	**EMAIL ADDRESS**

AGENCY QUESTIONS

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.)

Trainee(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.

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?

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?

Does your agency currently have clinicians that are EMDR Trained/Certified or are in the process of becoming EMDR Trained/Certified? If so, how many and what current support is provided at your agency to those clinicians to execute the EMDR model?

If your agency leadership is interested in attending a 1-hour EMDR implementation discussion BEFORE training begins, please provide their FIRST and LAST NAME(S) as well as their EMAIL below; use the checkbox to indicate if any of the agency leadership would be interested in auditing the EMDR training to better support staff:

First	**Last**	**Email**	**Audit**

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:
MONDAY, AUGUST 10, 2026

Please submit the completed agreement in your REDCap application.