

**It's All About Choices**  
**EMDRIA Approved Basic Training in EMDR**

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**Training Requirements**

This training includes 20 hours of didactic presentation, 20 hours of practice, and 10 hours of consultation of your work with clients (outside of training sessions).

**Attendance:** You must attend all training days and actively participate in all supervised practice exercises and group consultation sessions in order to receive a certificate of completion for this training. To receive CE credits, you must attend this workshop in **full** and complete all the appropriate evaluation forms.

**Study:** Two books are required reading:

Shapiro, F. (2001). *Eye Movement Desensitization and Reprocessing, Basic Principles, Protocols and Procedures* (2<sup>nd</sup> ed.). New York: The Guilford Press.

Shapiro, F. (2013) *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy*. New York: Rodale Books.

**Readiness for experiential practice:** This training includes extensive experiential practice during which you must be prepared to work on personal issues. While the practice portion focuses on real material, this is for training purposes and NOT personal psychotherapy. Participants who are not able or willing to participate in the experiential work on stressful life experiences should not apply. If you are not medically or emotionally stable, you should not take the training until things stabilize for you. It is also important to note that if disturbing material should come up during practice sessions, you should be prepared to seek individual therapy outside of the training environment. If you have any uncertainty or doubts concerning the training requirements, please contact Lynda prior to submitting your registration application.

Please complete this form and either mail, fax (above address or fax number), or email (lruf@me.com)

- a copy of your CV or resume
- if you are a registered intern, a letter from your supervisor with signature & license #
- participant agreement form
- payment by cash, check, credit card (based on payment schedule agreed upon)

Training Location & Dates \_\_\_\_\_

Name \_\_\_\_\_

Degree \_\_\_\_\_ License & Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

In Case of emergency contact (name and number) \_\_\_\_\_