

Kim Johnson, L.C.S.W.  
EMDR International Association Approved  
Consultant & Trainer  
[www.TransformYourLifeCounseling.com](http://www.TransformYourLifeCounseling.com)

## EMDR BASIC TRAINING

Are you already trained and would like a refresher course?  
You can attend!

Part 1: August 10 – 12, 2023

Part 2: September 21 -23, 2023

Times: 8:30 am to 4:30 pm/**VIRTUAL TRAINING**

Sponsored by Advanced Education Institute

Registration Fees:

Private Practice Clinician/For-Profit Agency Employee: \$ 1,595.00

Trainees/Associates/Non-Profit Agency: \$ 1,195.00

Are you already trained and would like a refresher course?

Private Practice Clinician/For-Profit Agency Employee: \$ 695.00

Trainees/Associates/Non-Profit Agency: \$ 595.00

Registration Fees Include: Training manual and daily notes. 40 hours of continuing education credits. Ten (10) hours of group consultation.

This training is an EMDRIA Approved EMDR Training Program. Each attendee must attend five 2-hour group consultations in addition to the training sessions. These times will be provided at the training, as there are several options of groups to attend.

Continuing Education for L.C.S.W., L.M.F.T., Psychologists and RNs.

Terms & Conditions:

- Attendance at an entire program is required for CE Credit. No partial credits will be awarded for any program.
- Please register early and arrive before the scheduled start time. Space is limited.
- Registrants cancelling up to two (2) weeks before the workshop will receive a tuition refund, less a \$50 administrative fee. No refunds for less than 72 hours cancellation.
- A \$35 service charge applies to each returned check.
- All trainings are held in facilities in accordance with the Americans with Disabilities Act. If special accommodations are required, please notify the trainer 72 hours in advance.

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**EMDR BASIC TRAINING**  
**Registration Form**

Part 1: August 10 – 12, 2023  
Part 2: September 21 -23, 2023  
Times: 8:30 am to 4:30 pm  
VIRITUAL TRAINING  
Sponsored by Advanced Education Institute

Name: \_\_\_\_\_  
Company: \_\_\_\_\_ License: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Registration Fees (Please Select One):**

	Private Practice/Clinician/For Profit Agency Employee	\$ 1,595.00	
	Trainees/Associates/Non-Profit Agency	\$ 1,195.00	
	Refresher: Private Practice/Clinician/For Profit Agency Employee	\$ 695.00	
	Refresher: Trainees/Associates/Non-Profit Agency	\$ 595.00	
	Total Amount Due		\$

Please make your check payable to “Kim Johnson, L.C.S.W.” Paying by credit card? Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_\_  
Name as it appears on your card: \_\_\_\_\_  
Three-digit code on back: \_\_\_\_\_ Zip Code \_\_\_\_\_

**\*\*Return this completed Registration Form with your payment to:**  
**Kim Johnson, L.C.S.W., Transform Your Life Counseling,**  
**2140 Professional Drive, Suite 205, Roseville, CA 95661**  
**Questions? Call our office at 916-780-2575\*\***

