

Name:	
Address:	
City:	State:
Zip Code:	Phone Number (mobile):
License Type and Number:	County:
Agency Name and address:	Please check the training you plan on attending: First Responder Clinician Training Only 11/5 11/17 11/19 First Responder Clinician Training and CBT First Responder Clinician Training and EMDR
Provide a brief description of your history of working with First Responders	History of trauma-informed care/resiliency work
Insurance panels you or your agency currently participate in:	
I am aware of and agree to the time commitment for the following: First Responder Clinician Training only (6 hours of lecture and a minimum one-hour group follow-up consultation) First Responder Clinician Training and CBT (total of 24 hours of lecture and six 1-hour consultation sessions) First Responder Clinician Training and EMDR (26 hours of lecture, 20 hours of experiential practicum, 11 hours of consultation)	
Signature of Applicant: Date:	
I fully understand the commitment and approve the time to permit the above employee to attend the training selected Signature of Agency Administrator: Date:	