Consultation Documentation Form

EMDR Therapy Training Program
(Amber Stiles-Bodnar Consulting with The Institute for Creative Mindfulness Curriculum)

Trainee's Name: _____

***** At the Training level, you may complete your 10 hours in any combination: all group, all individual, or a combination.

****** If consultation is completed over the phone or video platform please have the consultant verify your completion of these hours via email or letter.

Date & Time	Group or Individual* & Duration	Consultant Name & Signature or "see attached"