Midwest EMDR
www.midwestemdr.com
(314) 292-9662

Accommodation Request Form

Revised October 2025

PARTICIPANT INFORMATION

Legal Name: _____ Preferred Name: _____

Phone: _____ Email: _____

REQUESTOR INFORMATION

(If different than above)

Full Name: _____ Relation to Participant: _____

Phone: _____ Email: _____

ACCOMMODATION(S)

What is the disability or condition(s) for which you are seeking accommodation(s)?

_____

ADDITIONAL INFORMATION

If you have a physical disability, what does it relate to?

___Mobility ___Dexterity ___Vision ___Hearing ___Speech

Does your disability or condition affect you on a regular and ongoing basis? ___Yes ___No

Did you receive accommodations at another training course? (*required*) ___Yes ___No

If yes, please describe the helpful accommodation(s) that you received:

_____

_____

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Please describe the accommodation(s) you believe you will need for the EMDR training you are registering for; and how the accommodation(s) will remove barriers to access.

_____

_____

Does your disability or condition hinder your ability to evacuate a building in the event of an emergency? (*required*) ____Yes ____No

Please provide any additional information you would like us to consider.

_____

_____

In support of my request for reasonable accommodation, I have provided Midwest EMDR with confidential documentation of my condition or disability. By signing this release form, I _____ authorize Midwest EMDR to review these documents to determine reasonable accommodations based on disability. These documents will remain on file with Midwest EMDR in a secure manner.

Signature: _____ Date: _____

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