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| **Consultee Profile Page** *(Complete and return this to Gretchen Mallios)*  Consultee Name: |
| Contact Information: |
| Start Date of Consultation: |
| Training Provider for EMDR Parts 1 & 2 & Date Trained: |
| Consultant for 10 hours between 1 & 2: ­­ |
| Current Employment: |
| Current Treatment Population: |
| Other Sources of Consultation (past and current): |
| Primary Reason for Consultation: Check all that apply  ­­­­⭘ Address case specific questions related to the application of EMDR  ­­­­⭘ Complete requirements for Certification  ⭘ Get general guidance on integrating EMDR therapy with existing clinical skills  ­­­­⭘ OTHER: |

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| # | Date | Indiv (I) /  Grp (G) | Phase/Skill | Video/  Audio | Note (Recording; Questions; Standard Protocl) |
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