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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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