

Clinician Affidavit & Agreement

I, _____, acknowledge that I have provided at least 100 therapy hours of EMDR sessions.

I, _____, have attended the recommended training and feel qualified to provide early EMDR therapy.

I, _____, agree to provide a minimum of 12 hours of pro bono services through the FCTRN annually.

I, _____, am a licensed therapist in the state of Connecticut.

I, _____, have up-to-date malpractice insurance.

Signature

Name

Date