

EAP/ EA-EMDR SESSION REQUEST

Please complete this form in it's entirety and submit to tammy.tomich@yahoo.com
Thank you

PROFESSIONAL INFO

Name & Licensure : _____

Business/Association name: _____

Contact Phone: _____ Contact email: _____

Individual client : _____ Age : _____

Group size: _____ Average Age: _____

SESSION INFO

Sessions are scheduled as One or Two day events

Please indicate what description best suits your interest

One Day: _____, 2 hour session

Two Day: _____, two consecutive 2 hour session days

Two Day: _____, Monday + Wednesday 2 hour session days

Two Day: _____, Wednesday + Friday 2 hour session days

List your top choices for session dates.

1st choice _____ 2nd choice _____

3rd choice _____ 4th choice _____

**BRIEFLY DESCRIBE YOUR INTEREST +/- EXPERIENCE WITH EQUINE
ASSISTED PSYCHOTHERAPY +/- EQUINES ASSISTED EMDR THERAPY**

Thank you for your request. Please watch your email, and check "junk box"
We do our best to respond within 24 hours.