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*(Decree # 691 - Foundation Date Apr. 25, 2013)*

**Basic EMDR Training Course 2025 - 2027**

**Application Form**

*Thank you for your interest in applying for the Basic EMDR Therapy Training course. Please (1) read the eligibility requirements and what documents are needed, then (2) complete the following application form to provide us with the necessary information and details. All information will be kept confidential.*

***Fill in this application form by typing the information in WORD form, save it, and send it to*** [***training@emdrlebanon.org***](mailto:training@emdrlebanon.org) ***with the required documents as listed below.***

|  |  |
| --- | --- |
| **Eligibility Requirements:** | **Documents needed:** |
| You should:   * Have a ***master’s degree*** or higher in psychology or psychiatry. * Have a minimum of 2 years’ experience working as a practitioner ***after*** the Master’s degree. * Have a ***license*** from the Lebanese Ministry of Public Health to practice as a clinical or educational psychologist or a psychiatrist. * Be currently working as a ***practitioner***. * Be interviewed & approved by our ***Standards Committee.*** | 1. Curriculum Vitae CV. 2. Scanned copy of Identity Card & Passport 3. Scanned copy of the highest university degree. 4. Scanned copy of your “license to practice” from the Lebanese Ministry of Public Health. 5. Scanned copy of a letter of reference/ recommendation that proves that you have a minimum of 2 years of experience as a practitioner after the Master’s degree. 6. If you are working in an organization/ institution, you need to get a letter of employment or commitment stating that you work as a practitioner in this organization.   ***Kindly provide these documents as scanned pdf and NOT phone images.*** |

**I. Applicant Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***First Name:*** | ***Father’s Name:*** | | ***Last Name:*** |
| ***Gender:*** 🞏 male 🞏 female | | ***Date of Birth*: / /** | |
| ***Nationality(ies):***  First: | | Second (if any): | |
| ***Family Status:*** 🞏 Single 🞏 Married 🞏 Widow 🞏 Divorced | | | |
| ***Do you have Children?*** 🞏 Yes 🞏 No | | If yes, how many? | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Languages:*** | ***Fluent*** *(put x)* | | ***Good*** | ***Satisfactory*** | | ***Weak*** |
| 1. |  | |  |  | |  |
| 2. |  | |  |  | |  |
| 3. |  | |  |  | |  |
| ***Home Address:*** | | | | | | |
| Muhafazah: | | City/town: | | | Area/region: | |
| Street: | | Building: | | | Floor: | |

|  |  |
| --- | --- |
| ***Contacts:*** | |
| Land Telephone: | Mobile: |
| Email Address: | |

**II. Education & Experience:**

***University degrees (starting with the most recent):***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Degree*** | ***Specialization*** | ***University*** | ***Year*** | ***Country*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Other Certificates:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Type*** | ***Specialization*** | ***Name of Institution*** | ***Year*** | ***Country*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Training experience:*** *(in psychotherapy, counseling, or psychological assessment)*

|  |
| --- |
| Type of training received: |
| Number of years: |
| Psychotherapeutic approaches trained in (if any): |

**III. Current Work:**

**Do you have a private practice?** Yes - No

**- Address:**

|  |  |  |
| --- | --- | --- |
| Muhafazah: | City/town: | Area/region: |
| Street: | Building: | Floor: |

**Do you work an organization?** Yes - No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * **Name of Organization 1:** | | | | |
| * **What is the type of organization?** | Nonprofit sector (NGO/INGO) | Private sector | | Governmental sector |
| * **What is the type of employment?** | Volunteering | Full-time | | Part-time |
| * **What is your job position?** | | | | |
| * **Address of organization 1:** | | | | |
| Muhafazah: | City/town: | | Area/region: | |
| Street: | Building: | | Floor: | |

**Do you work in another organization?** Yes - No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * **Name of Organization 2:** | | | | |
| * **What is the type of organization?** | Nonprofit sector (NGO/INGO) | Private sector | | Governmental sector |
| * **What is the type of employment?** | Volunteering | Full-time | | Part-time |
| * **What is your job position?** | | | | |
| * **Address of organization 2:** | | | | |
| Muhafazah: | City/town: | | Area/region: | |
| Street: | Building: | | Floor: | |

***Experience in Psychological Intervention*** *(the actual psychological practice and not the training)****:***

|  |
| --- |
| Number of years of experience **after** the Master’s degree: |
| Type of experience: |

***Types of psychological interventions that you use in your work:*** *(put an x beside those that fit)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Psychological counseling |  | Behavior Therapy |
|  | Cognitive Behavior Therapy |  | Psychoanalysis |
|  | Interpersonal Therapy |  | Group Therapy |
|  | Humanistic therapy |  | Family Systems Therapy |
|  | Others: |  | Others: |

***Psychological Disorders you work with:*** *(put an x beside those that fit)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Anxiety disorders *(GAD, Panic, OCD, phobias…)* |  | Depression |
|  | Bipolar Disorder |  | Post-Traumatic Stress Disorder |
|  | Addictions |  | Dissociative Disorders |
|  | Developmental Disorders *(Communication disorders, Intellectual deficiencies, Learning Disabilities, Autism…)* |  | Behavior disorders (*ADHD, Oppositional Defiant Disorder, Conduct Disorder)* |
|  | Eating Disorders |  | Schizophrenia |
|  | Personality disorders |  | Cognitive Disorders *(Dementia, Alzheimer’s…)* |

***Population you do treatment on:*** *(put an x beside those that fit)*

|  |  |
| --- | --- |
|  | Infant/toddlers (0 -3y) |
|  | Children (3y-12y) |
|  | Adolescents (13y-17y) |
|  | Adults |
|  | Couples |
|  | Group |
|  | Families |
|  | Elderly |

I certify that the information contained in this application is true and complete. I understand that filling this application does not mean that I will be accepted to take this training course. I also understand that the Standards Committee of EMDR Lebanon Association will study my application based on my qualifications, degrees, and years of experience and will ask for an interview before their final acceptance.

**Signature** *(Print name)***:**

**Date:**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***You must submit all required documentation in order for your application to be processed.***

***Send it to*** [***training@emdelebanon.org***](mailto:training@emdelebanon.org)

***If you need further help kindly contact:***

***- Mona Abdallah – 76/754125 –*** ***[mona.abdallah@emdrlebanon.org](mailto:mona.abdallah@emdrlebanon.org)***

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