



WELCOME

Welcome to your consultation! I am excited to be a part of your journey as an EMDR therapist. I am honored to work with you to enhance your clinical skills and grow both personally and professionally. You will become (more) knowledgeable about the EMDR procedural eight phases and the AIP model.

Included in this document:

- Certification contract
- ROI for clients
- Payment Form

Please email the following items prior to your first consultation:

- Signed contract
- Vita
- Basic Training Certificates
- Payment Information (form at the end of this document)



CONSULTATION CONTRACT

I, Dr. Chante Pantila, an EMDR Approved Consultant, agree to provide the following consultation to the consultee (please select an option):

- 20 hours of consultation for EMDR certification (At least 10 of these total hours must be in individual hours of consultation)
- 10 hours of individual consultation for EMDR Certification
- 10 hours of group consultation for EMDR certification (*Subject to requiring additional individual consultation hours with me*)
- 10/20 hours of CIT: Approved Consultant in Training (Please circle one)
- On-going consultation for enhancement of clinical skills

All consultation hours completed with Chante Pantila may be subject to needing additional hours, depending on the needs of the consultee.

Confidentiality is required for all cases reviewed. It is the responsibility of the consultee to obtain a Release of Information for clients discussed during consultation.

Chante Pantila maintains the right to evaluate the consultee's performance and amount of work deemed necessary for a positive outcome. The consultee may withdraw at any time with the understanding a letter will be provided to EMDRIA, documenting work completed, as well as strengths and weaknesses.

In consideration of my willingness to participate in this consultation, I agree to indemnify and hold Chante Pantila/Creating Changes Counseling Services PLLC harmless from and against any liability, claim or demand, including, but limited to any suit, judgment, settlement, damages, cost, attorneys' fees arising out of or related to such consultation. I understand and agree that, as a consultee of yours, I am receiving continuing education consultation, which is not intended to take place of my own professional obligations to my clinical cases. I understand and agree that I must still exercise my own professional judgment in all cases with regard to treatment, case management, and other matters relating to the care of my clients. That treatment and management responsibility, both clinical and legal, is totally assumed by me and/or my supervising agency.



The consultee is subject to participate in role-playing sessions, thoroughly write or record a session, and present consultation cases to evaluate the knowledge in EMDR therapy protocols and procedures. Each recorded session viewed by Chante Pantila, may be subject

to the hourly rate of \$150. Chante Pantila will provide a letter of completion to the consultee upon completion of the hours agreed upon with or without approval; and will delay the letter, at the consultee's request, if the consultee and consultant agree upon more consultation hours needed, and a new contract signed.

The cost will be \$150 per hour for individual consultation and \$100 per person in a 2-hour group consultation. Cancellations by the consultee must be completed within 24 hours before the set appointment or result in a late cancel/no-show fee in the rate of the consultation. Consultees will pay in cash or a credit card, and must keep a card on file.

Signature of Applicant

Date

Signature of Approved Consultant

Date



PERMISSION FOR RECORDING AND CASE DISCUSSION

I, _____, give my permission for the recording and/or discussion of my (Client)

EMDR session(s), and for the presentation of my clinical progress, by _____ (Therapist)

The purpose of this review is for the listed therapist's professional development in EMDR practice.

I do not want my face filmed: _____ (initial here)

Signature of Client

Date

Signature of Therapist

Date



PAYMENT INFORMATION: (Can be shared over the phone prior to 1st consultation upon request)

Your card will be charged on the day of your consultation unless you prefer to pay with cash. The card will be kept on file and your receipt will be emailed to you. Please note that if you cancel your attendance to consultation with less than 24 hrs. notice or do not show, you will be subject to a full fee, even for your first consultation. For this reason, we require that a credit card be kept on file, even in the event that you prefer to pay for services with cash.

Authorization

Signature _____

Credit card number: _____	Visa _____ MC _____ AMEX _____ Discover _____	EXP _____ CVV# _____ Billing Zip Code: _____
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