

**EMDR Basic Training  
with Julie Greene, LPC and Awake Mind**

**Verification of Consultation Hours**

Name of Consultee (print): \_\_\_\_\_

Date of Level I Training: \_\_\_\_\_

Location of Level I: \_\_\_\_\_

Name of Consultant (print): \_\_\_\_\_

Consultant Phone: \_\_\_\_\_

**Consultation Hours Between Level I & II**

<b>Date</b>	<b>Number of Hours</b>	<b>Consultant Signature</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Level II Training: \_\_\_\_\_

Location of Level II: \_\_\_\_\_

**Consultation Hours After Level II**

<b>Date</b>	<b>Number of Hours</b>	<b>Consultant Signature</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return this form when all 10 hours of consultation are complete  
by Email: [info@awakemind.org](mailto:info@awakemind.org) OR Fax: 800-708-2463