

## Informed Consent

I agree that I will treat as confidential any material presented by others in training as well as conduct myself in the training in accordance with the ethics of my profession. \_\_\_\_\_

I agree that as part of my participation that I will may be expected to participate in clinical practicum where I will be in role of therapist and client, and in that in doing so, I fully understand that any practicum session(s) may include questions about my personal trauma history and emotional, psychological, and physical symptoms I may be experiencing.

\_\_\_\_\_

I am also aware that the experience of being client and therapist in any practicum portion not only provides me with the opportunity to experientially learn what it is like for clients, but to also provide other participants with the opportunity to experientially learn. \_\_\_\_\_

I also understand we will address personal issues as part of any practicum process, but these experiences do not constitute the existence of a psychotherapy relationship with training participants or the trainer. \_\_\_\_\_

I am aware that if I am currently under the care of a therapist or psychiatrist that I have informed my provider that if I am seeking to attend a training with a practicum, that I have discussed this with my provider, reviewed my readiness for pursuing the training, especially the experiential portion, and have obtained his or her agreement of my readiness to attend and fully participate.

\_\_\_\_\_

I am aware that if I am currently under the care of a medical professional for optical issues, a heart condition, or pregnancy that I have discussed this with my provider, reviewed my readiness for pursuing the training, especially the experiential portion, and have obtained his or her agreement of my readiness to attend and fully participate. \_\_\_\_\_

I also understand that in addition to participating in lecture and practicum experiences that a large portion of this training will include, but is not limited to, the discussion of trauma related topics and content, case studies, case consultations, videos, and in person demonstrations. I am aware that the nature of trauma therapy, and therefore this training itself, is potentially activating of trauma related personal material. \_\_\_\_\_

I am aware that as part of my informed consent to participate that it is my responsibility to ensure that I have sufficient coping skills, calming skills, and distress tolerance to be able to manage my

response to potentially activating traumatic material through this training. \_\_\_\_\_

If I currently have been diagnosed with and/or have been receiving treatment for and/or it has been recommended that I pursue treatment for complex PTSD, a dissociative disorder, or substance abuse, it is my responsibility to inform the trainer in advance. A failure to do so could not only impact my learning experience, but also my mental health, others' learning experiences, as well as my ability to complete the training. \_\_\_\_\_

I am aware that that the trainer's adherence to the ACA Code of ethics dictates that the trainer may require students to address any personal concerns that have the potential to affect professional competency and/or address the inability of a participant to achieve the associated training competencies. \_\_\_\_\_

I am aware that through the process of learning any therapeutic modality that there is a parallel process of learning about one's personal work. With this in mind, I am aware that if my personal issues or distress disrupts my ability to fully learn the training material that I may be asked to leave the training with the recommendation to seek therapeutic support and address these issues in order to better prepare myself to learn the practicum material. I am aware that it is my responsibility to seek these professional services and that the trainer would not provide such services \_\_\_\_\_

I am aware that if my inability to manage my distress disrupts others' ability to fully learn the full practicum material causes interpersonal conflict, or I engage in behaviors that impact the emotional and/or personal safety of or disrupt the training milieu, that I will be given a warning by the trainer who also has the right to dismiss me from the course. If I am dismissed, no form of refund will be given. \_\_\_\_\_

I am aware that Dragonfly International Therapy, LLC has no liability or responsibility for my participation or involvement in any portion of the training nor in my use of EMDR Therapy in clinical practice. \_\_\_\_\_

I understand that Dragonfly International Therapy, LLC is the exclusive owner or licensee of all materials utilized in the training including, but not limited to, all printed, audio, video, digital, online, and other materials. Any other trademarks are owned and managed by their respective owners. The Materials also include all duplicates, reproductions, and derivatives of the Materials, as well as any materials, research, books, articles, and other works of authorship, as well as products or services, created by Dragonfly International Therapy and related to the training. Dragonfly International Therapy retains all rights in and to all intellectual property utilized or

referenced in the Training and the Materials including, but not limited to, the copyrights in the Materials and all associated trademarks. No Materials or any portion thereof are sold or otherwise distributed without expressed permission from Dragonfly International Therapy, LLC.

---

I am aware that my participation in this training does not qualify me to train others

---

### Grievance Process / Ethics

I have read and fully agree that I will abide by the code of ethics and code of conduct of my respective clinical profession. \_\_\_\_\_

If differences arise, both Dragonfly International Therapy, LLC and I commit ourselves to resolve any issues in a professional and mutually beneficial manner, including, if necessary, bringing in a third party for conflict resolution purposes. Ethics complaints will be referred to the appropriate state licensing board for further investigation. \_\_\_\_\_

All grievances must be in writing to [sarah@dragonflyinternationaltherapy.com](mailto:sarah@dragonflyinternationaltherapy.com) and will be replied to within 5 - 10 business days.

### Americans with Disabilities Act/Equal Opportunity

Please note that the Americans with Disabilities Act (ADA) prohibits discrimination and ensures equal opportunity for persons with disabilities. To provide the opportunity for equal access, this workshop will be held at an ADA compliant facility and reasonable accommodations are accessible to those with disabilities. To provide for equal opportunity these workshops support cultural diversity, regardless of an individual's sexual orientation, gender identity, race, ethnicity, culture or religion, and do not engage in discriminatory behavior or bias. Participants seeking to request accommodations can contact Sarah Jenkins MC, LPC directly via email [Sarah@DragonflyInternationalTherapy.Com](mailto:Sarah@DragonflyInternationalTherapy.Com) in order to do so.

I am registering and participating in this training of my own will and volition and voluntarily agree to all the terms and conditions of this participation agreement.

\_\_\_\_\_ Signature \_\_\_\_\_ Date Name

\_\_\_\_\_ Degree

\_\_\_\_\_ Professional Association

\_\_\_\_\_

License Number \_\_\_\_\_ Phone (Day)

\_\_\_\_\_ Phone (Evening)

\_\_\_\_\_ Address:

\_\_\_\_\_

eMail \_\_\_\_\_