



2026 EMDR TRAINING COURSE REGISTRATION

Basic EMDR Therapy Training Programs by EMDR Training Canada (EMDRIA Approved) Curriculum Authored by Barbara Horne of Niagara Stress & Trauma Clinic

REGISTRANT INFORMATION:

FIRST NAME: _____ SURNAME: _____

COLLEGE/PROF. ASS'N: _____ REGISTRATION #: _____

WORKPLACE: _____ DEGREE: _____

ADDRESS: _____ CITY: _____

PROV: _____ POSTAL CODE: _____

MOBILE PHONE: _____ WORK PHONE: _____

EMAIL: _____ PERSONAL EMAIL: _____

(for Thinkific registration):

2026 EMDR COURSES					
(Please check the program you are requesting)					
✓	LOCATION	DATES	✓	LOCATION	DATES
FULL	TORONTO C-2026 (in-person)	P1: January 12–15, 2026 P2: April 14–16, 2026	FULL	BARRIE A-2026 (in-person)	P1: March 19–22, 2026 P2: June 17–19, 2026
	HALIFAX 2026 (in-person)	P1: TBA P2: TBA		TORONTO B* (virtual)	P1: Nov 21 & 22, Dec 5 & 6, 2025 P2: Feb 20 & 21, Mar 6 & 7, 2026
*TORONTO B PROGRAM administered by Niagara Stress and Trauma Clinic. Visit stressandtraumarelief.com to register for these dates/locations.					

Toronto C Venue:
George Hull Centre for
Children & Families
81 The East Mall, Toronto, ON

Barrie A Venue:
EMDR Clinic Barrie
89 Collier St, Barrie, ON

Halifax Venue:
TBA
Halifax, NS

TIME: 8:30am – 5:00pm w/ one-hour lunch break from 12pm to 1pm. (Food NOT included)
NOTICE: The Provider maintains full responsibility for the Basic EMDR Training. Dates & venues subject to change.

- IMPORTANT NOTES:**
- Suzanne Aikins, M.A., RP is approved by EMDRIA to offer Basic EMDR Therapy Trainings in-person and virtually.
 - All training dates are fixed, in the format indicated.
 - For virtual trainings, each participant will need a secure internet connection and a headset with microphone.
 - Full program includes Parts 1 & 2, plus 10 consultation hours.
 - EMDRIA requires that BASIC TRAINING PROGRAMS be completed within a 12-month period from the initial start date.**

- PLEASE INCLUDE THE FOLLOWING WITH YOUR REGISTRATION (*EMDRIA Requirement)**
- ☐ A copy of your Masters or Doctoral Degree in a counselling field*
- ☐ A copy of your license, Certification or Registration*
- ☐ Proof of Professional Liability Insurance (if in private practice), current at the time of course. *NOTE: Please check your policy expiration date*
- ☐ Participant's Agreement (found on page 2 of this document)

CANCELLATION POLICY:

\$200 cancellation fee up to 45 days PRIOR to the start of a course.

\$400 cancellation fee AFTER the 45-day mark.

You may transfer your registration fee at no cost to an alternative course, pending seat availability.

Refunds upon request only, determined on a case-by-case basis.

PAYMENT OPTIONS (Basic EMDR Training):

1. SINGLE PAYMENT OPTION:

☐ a) Booked LESS than 45 days before course\$2,900.00 + \$377.00 HST = **\$3,277.00**

☐ b) Booked MORE than 45 days before course (Early Bird)\$2,800.00 + \$364.00 HST = **\$3,164.00**

2. TWO PAYMENTS OPTION:

☐ a) Booked LESS than 45 days before course\$1,475.00 + \$191.75 HST = **\$1,666.75 x 2**

☐ b) Booked MORE than 45 days before course (Early Bird) \$1,450.00 + \$188.50 HST = **\$1,638.50 x 2**

Note: 2nd payment will be processed 45 days before Part 2

3. AUDIT COURSE OPTION (FOR PARTICIPANTS WHO ALREADY HAVE BASIC TRAINING):

☐ PART 1: Didactic portion (no practicums), updated curriculum. . . \$900.00 + \$117.00 HST = **\$1,017.00**

☐ PART 2: Didactic portion (no practicums), updated curriculum. . . \$900.00 + \$117.00 HST = **\$1,017.00**

Payments are not taken until the 45-day mark, when the program is confirmed.

PAYMENT METHODS:

☐ CREDIT CARD ☐ Visa ☐ MC

Name on Card _____

Card # _____

Exp. _____ Postal Code _____

CVC (3 digits on back of card) _____

Signature _____

☐ E-TRANSFER

Send to: suzanne@emdrtrainingcanada.com

*no password required (autodeposit)



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Participant’s Agreement

EMDRIA Approved Basic EMDR Therapy Training with Suzanne Aikins, M.A., RP, EMDRIA Approved Trainer

To protect your interests and those of the other participants, we require that you review this Participant’s Agreement. Please sign it to confirm you have read and understood these important topics. If you have any questions about this agreement, please contact the course instructor.

I, the undersigned,

1. Agree to maintain the confidentiality of: 1) my fellow participants regarding any material that surfaces during the practicum portions of the course, and 2) the clinical cases and videos presented by the instructor during the training.
2. Understand that the 20 hours of practicums are for the purpose of teaching EMDR therapy. The practicum portion is an EMDRIA mandatory requirement for completion of the Basic Training. This will not be role-play; participants will work on real issues, while considering that this is a training setting. These practicums are facilitated/coached by the instructor or facilitator to promote integration of the theoretical and practical notions taught in the didactic portions of the training.
 - a) While being a client, it is possible that distressing material and feelings may emerge. I undertake to seek support, and if needed, therapy, to address any such distress that may arise during the training. I understand that the instructor/facilitator will work with course participants during the training to assist in managing distress, but the long-term management is my responsibility.
 - b) These practice experiences are for training purposes only and not for personal therapy. Attendees are invited to maintain an attitude of cooperation and mutual support during the course of the training.
 - c) The trainer and facilitators will provide direct, live feedback, assistance, and guidance while you practice the 8 phases of the basic protocol. Attendees are expected to be open to feedback and learning. Disruptive or discriminatory attitudes or refusal to participate will be addressed by the instructor to maintain a safe context.
 - d) I understand that during practicums, client welfare supersedes the training therapist’s experience. In the rare event that my practicum client cannot maintain dual awareness, I may not be able to do a Standard Protocol with him/her/them. In that case, I would do EMDR-related stabilization work for the practicum. If I feel that my training experience has been compromised, the Trainer and I will discuss options for helping me gain the necessary experience.
3. I do not have any medical condition that would put my health at risk during EMDR reprocessing (e.g., cardiovascular issues, seizure disorder, eye problems, asthma), nor am I in an at-risk pregnancy. If any of these conditions apply, it is my responsibility to notify the instructor and facilitator before the training.
4. I understand that if I meet the criteria for Complex PTSD and/or a Dissociative Disorder (DDNOS/DID), it is imperative that I notify the instructor/facilitator before the training. This will allow for the necessary care to be taken during practicums, which involve real personal work, especially during Part One (since my training therapist might not have experience working with CPTSD and dissociation, and certainly will not have experience using EMDR, as they too are in training).
5. I agree not to teach EMDR therapy to colleagues or friends. Participants are encouraged to share information about EMDR, including its efficacy and treatment outcomes. However, it is essential that any training is conducted by an EMDRIA-Approved Trainer.
6. I agree to have my name and contact information sent to EMDR International Association and EMDR Canada to confirm my completion of an EMDRIA-Approved Training (EMDRIA requirements). EMDRIA and EMDR Canada will not use my contact information for any other purpose than to notify me of upcoming workshops and conferences.
7. I agree and commit to practicing the 8 phases of EMDR with my client base during my Basic Training—at least 2 clients—and to bring those cases into the consultation process for feedback and support with my integration of EMDR practice.
8. I agree to have a secure internet connection, a quiet and private location, and a headset, as well as a backup system (e.g., a cell phone with data) in case my internet connection fails. I agree not to record any part of the program.
9. I agree that during practicums, I will maintain connection with the training group. If I need a moment of privacy, I will at least maintain auditory connection and return visually as soon as possible. I understand that it is important for the training staff to maintain connection with me. EMDRIA’s regulations require attendees to have their webcams on during the training.
10. I understand that I must attend all 64 hours of the training (both didactic and practicum portions) and the 10 hours of group consultation to complete this EMDRIA-Approved Basic Training in EMDR. Any missed portion must be completed later (within a one-year timeframe), and a reasonable fee may apply.

Please sign and include with your registration. We suggest you keep a copy for your records.

Participant’s Name (Print) _____

Participant’s Signature _____

Date: _____

Email your completed
Course Registration & Participant’s
Agreement (required) to:
Suzanne Aikins
EMDR Training Canada
suzanne@emdrtrainingcanada.com