

EMDR Iraq Association Membership application form:

- First Name:
- Last Name:
- Email:
- Telephone:
- Core of profession:
- Country of license:
- Basic EMDR Course Certification of Completion (Name of Trainer ,Training Institute ,Training Institute Country, Date of Completion):
- Working institute (EMDR therapist , Accredited EMDR practitioner , Accredited EMDR practitioner):

Email application form and documents to : membership@emdr-iraq.org