

*This certificate of completion verifies that*

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Participant Name

*has attended, in its entirety,*

**List title of workshop here**

Presenter:

Date:

EMDRIA Credits:

EC Program Approval Number:

List EMDRIA Credit Provider Here is approved by the EMDR International Association to offer EMDRIA® Credit for this program.  
The provider maintains responsibility for the program.

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**EMDRIA Credit Provider Name Here & Signature Above**