attestation n° 4

**AUTODÉCLARATION**

**expérience thérapeutique pratique avec EMDR**

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| N° | Initiales, date de naissance | Thème, diagnostique | Nbr séances EMDR | Période de traitement |
| Ex. | N.N., 1949 | Accident / ESPT | 12 | 12.30.12 – 10.08.12 |
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Date : ............................................... Signature : ......................................................