**Beleg Nr. 8**

**SELBST-DEKLARATION psychotherapeutische Tätigkeit mit EMDR**

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| **Nr.** | **Initialen, Geburtsjahr** | **Thema, Diagnose** | **Anz. EMDR-Sitzungen** | **Behandlungsdauer** |
| Bsp. | N.N., 1949 | Unfall / PTBS | 12 | 12.03.18 – 27.08.18 |
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|  |  | Gesamt: .................... | |  |

Datum: ............................................. Unterschrift: ......................................................