Beleg Nr. 4

**SELBST-DEKLARATION**

**psychotherapeutische Tätigkeit mit EMDR**

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| Nr. | Initialen, Geburtsdatum | Thema, Diagnose | Anzahl EMDR-Sitzungen | Behandlungsdauer |
| Bsp. | N.N., 1949 | Unfall / PTBS | 12 | 12.30.12 – 10.08.12 |
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|  |  | Gesamt: .................. | |  |

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