**attestation n° 8**

**AUTODÉCLARATION expérience thérapeutique pratique avec EMDR**

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| **N°** | **Initiales, année de naissance** | **Thème, diagnostic** | **Nbre séances EMDR** | **Durée du traitement** |
| Ex. | N.N., 1949 | Accident / ESPT | 12 | 12.03.18 – 27.08.18 |
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Date : ............................................... Signature : ............................................................