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| **Selbst-Deklaration Psychotherapeutische Tätigkeit mit EMDR** (Personen bis 18 Jahre) | | | | |
| **N°** | **Initialen, Alter bei Therapiebeginn** | **Thema, Diagnose** | **Anzahl EMDR-**  **Sitzungen** | **Behandlungsdauer** |
| Bsp. | N. N., 12 Jahre | Unfall / PTBS | 12 | 30.10.20-12.11.21 |
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Name der antragstellenden Person in Druckbuchstaben

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unterschrift Ort, Datum