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| **auto-déclaration des cas clients traités avec EMDR** (personnes de moins de 18 ans) | | | | |
| **N°** | **Initiales, âge au début du traitement** | **Thème, diagnostic** | **Nbre séances EMDR** | **Durée du traitement** |
| Ex. | N. N., 12 ans | Accident / TSPT | 12 | 30.10.20-12.11.21 |
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| Total heures : \_\_\_\_\_\_\_\_\_\_ | | | | |

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Nom de la personne candidate en lettres majuscules

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Signature de la personne candidate Lieu, date