

## Participant SEP Approval Packet Cover Page

*Complete and attach this form to your SEP Approval Packet*

Participant name: \_\_\_\_\_

Name Desired on Certificate: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Email Address: \_\_\_\_\_

Will you have your hours completed prior to Advanced II and be looking to receive your SEP Certification at the Advanced II training? Yes/No

*\*To receive certificate at Advanced II training, complete SEP Approval Packet must be received 6 weeks prior to advanced II training.\**

Comments: \_\_\_\_\_

### Personal Sessions:

(Minimum 12 credit hours) \_\_\_\_\_

### Case Consultations:

#### Individual:

(Minimum 4 credit hours) \_\_\_\_\_

#### Group:

(No Minimum; 3 hours= 1 credit hour) \_\_\_\_\_

#### TOTAL CASE CONSULTATION HOURS:

(Minimum 18 credit hours; includes Group + Individual) \_\_\_\_\_

#### Case Consultation Hours with Faculty:

(Minimum 6 credit hours) \_\_\_\_\_

### Review and Initial the following:

All provider signatures are accompanied by their printed name. \_\_\_\_\_

Any hours not logged on the session log must be a verified email, letter, or invoice from a Provider or Faculty member. \_\_\_\_\_

If scanned and emailed, please title subject line "First and Last name: SEP Approval Packet" \_\_\_\_\_

*\*Any Packets that do not meet these specifications will encounter a delay in processing time, and may not be processed until they are complete.*

*\*\*Please keep all of your session logs until all of your hours have been completed. We are not responsible for retaining incomplete logs.*