

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.*