

PARTICIPANT PROVISIONAL SEP™

APPROVAL PACKET COVER PAGE

Complete and include this form with your Session Logs to compile your Provisional SEP™ (Somatic Experiencing® Practitioner) Approval Packet mail your complete packet to **mail your complete packet to our office address: C/O Credentialing Team: SE™ International, PO Box 7240, Broomfield, CO 80021**

Participant Name:

Name Desired on Certificate:

Email Address:

Will you have your hours completed prior to Online Advanced II and be looking to receive your Provisional SEP™ Certificate at the Advanced II training?

Yes/No

\*To receive certificate at Advanced II training, your whole and complete Provisional SEP™ Approval Packet must be received 4 weeks prior to the start of the Online Advanced II training you are registered for.

Also, you must not have any active or incomplete payment plans.\*

Comments:

Please provide **your** count of your credits for staff reference when processing approvals.

# Personal Sessions:

(Minimum 12 credit hours)

# Case Consultations:

Individual:

(Minimum 4 credit hours)

Group:

(No Minimum; 3 hours= 1 credit hour)

Total Case Consultations 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 full printed name.

Any credits without a provider signature is logged on a session log and a verified email, letter, or invoice from the Provider is included.

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

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