



# PARTICIPANT SEP™ APPROVAL PACKET COVER PAGE

Complete and include this form with your Session Logs to compile your SEP™ (Somatic Experiencing® Practitioner) Approval Packet and mail to 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 Advanced II and be looking to receive your SEP™ Certificate at the Advanced II training?  
Yes/No

\*To receive certificate at Advanced II training, your whole and complete SEP™ Approval Packet must be received 4 weeks prior to the start of the 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 are 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 and approved. We are not responsible for retaining incomplete logs.