

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 e-mail to <u>credentialing@traumahealing.org</u>. Please use subject line "SEP Approval Packet – [Your Name]" when submitting.

Participant Name:
Name Desired on Certificate:
Email Address:
Comments:

Will you have your SE Credits 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 prior to the start of your registered Advanced II training. For students who have completed their training entirely in the U.S., your submission must be received no later than 4 weeks prior. For students who have taken any training internationally, your submission must be received no later than 6 weeks prior.

Any students seeking an SEP Certificate must not have any active of incomplete payment plans.

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 + Individ	ual)
Case Consultation Hours with Faculty: (Minimum 6 credit hours)	
Review and initial the following: All provider signatures are accompanied by their fu	Il printed name
Any credits without a provider signature are logged email, letter, or invoice from the Provider is included	

Please note: 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. Additionally, please keep copies of all session logs until all SE Credits have been completed and approved. SEI is not responsible for retaining incomplete logs.