

SOMATIC EXPERIENCING®

TRAINING PROGRAM APPLICATION

NAME: _____

ADDRESS: _____
City State Zip

PHONE: _____ (H) (W) (C) EMAIL: _____

EDUCATION: BA/BS MA PhD Other _____ Professional Occupation: _____

Health Care License? No Yes State: _____ License #: _____ Expiration Date: _____

Do you have any grievances, complaints or actions pending or upheld against you for misconduct as a professional by any licensing, regulating or associative body? NO YES (If yes, please provide full details and copies of all relevant information.)

These required documents must be submitted with this application and faxed or mailed to the SE

Trauma Institute:

1. A current Curriculum Vitae (resume) _____
2. A one-page biography which includes brief descriptions of all of the following: 1) your current professional practice; 2) number of clients you see each week; 3) a short statement indicating your primary interest in learning SE®; 4) personal traumas you have experienced and how you dealt with them. Please note that due to the depth of the work, these traumas may be triggered during the training.
3. Signed SE Training Informed Consent and Release Agreement

PREFERRED TRAINING LOCATION (City/State): _____

DATES: _____ INSTRUCTOR: _____

How did you hear about this training? Flyer Colleague Conference _____

Referred by SE Participant or Graduate _____
(Name of one person to receive referral bonus)

SE Introduction or Fundamentals _____
(Location / date / presenter required for discount)

Professional Publication (name) _____ Other _____

PAYMENT: Make Checks payable to the SE Trauma Institute in US Funds. Visa and MasterCard accepted.

TOTAL ENCLOSED _____ Check Visa MasterCard

Credit Card Account # _____ Exp. Date _____

Signature _____

*All information submitted will be held in strict confidence. Once we have received your **complete** application packet you will be notified by email of your application status. The SE Trauma Institute reserves the right to reject applications, without explanation, and will provide a full refund.*

*The SE Trauma Institute reserves the right to cancel and /or reschedule any Beginning I class due to low enrollment prior to the start of the class. Should your class be cancelled, you will be notified as soon as possible. A full tuition refund will be issued or the funds may be transferred to another Beginning I class. **Please note:** The SE Trauma Institute is not liable for expenses incurred due to cancellation, including but not limited to airline cancellation fees or hotel cancellation fees*

Somatic Experiencing Trauma Institute
6685 Gunpark Drive, Suite 102, Boulder, CO 80301

Phone: 303-652-4035

Fax: 303-652-4039

www.traumahealing.com