

SOMATIC EXPERIENCING®

Training Program Application

All fields in **BOLD** must be completed:

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (W) _____ **(H)** _____ **(C)** _____

Email: _____

Level of Education: BA/BS MA Ph.D. **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.

*** Submit the following required documents with this application and fax or mail to the FHE:**

1. A current Curriculum Vitae (resume)
2. A one-page biography which includes brief descriptions of all of the following: personal trauma you have experienced, description of your current practice, # of clients you see each week & a short statement indicating your primary interest in learning SE®

Registration for Beginning Level I Training

Location of training (City/State): _____

Dates: _____ **Instructor:** _____

How did you hear about this training?

Referred by SE Participant or Graduate (name) _____

Flyer Colleague SE Fundamentals / Introduction Conference Presentation

Professional Publication (name) _____ Other _____

Payment: Make Checks payable to the **FHE** 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. You will be notified by email of your acceptance into the program. The FHE reserves the right to reject applications, without explanation, and will provide a full refund.

*The FHE 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 FHE is not liable for expenses incurred due to cancellation, including but not limited to airline cancellation fees or hotel cancellation fees.*

Foundation for Human Enrichment

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www.traumahealing.com