

NeuroAffective Touch[®]

Session/Training Log

Your Name: _____ Email: _____ Date Submitted: _____

please print

DATE	SESSION TYPE (Circle One)	DURATION	PROVIDER	PROVIDER SIGNATURE
	SESSION INDIVIDUAL CONSULT GROUP CONSULT STUDY GROUP			
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Certification requirements are yet to be determined. All NATouch™ personal sessions, case consultations, and study groups will be applied toward certification. Using your phone, photograph the completed session/training log and email to victor@neuroaffectivetouch.com, or mail the original log to The NATouch Institute, 212 26th Street #145, Santa Monica, CA 90402. Please keep a copy for your records.