

# The NeuroAffective Touch® Institute Session Log

Personal Sessions | Case Consultations | Study Groups

Your Name \_\_\_\_\_ Email \_\_\_\_\_ Date Submitted \_\_\_\_\_  
*please print*

DATE	SESSION TYPE — Circle One	DURATION	PROVIDER — Please Print	SIGNATURE
	Personal Session   Individual Consult   Group Consult   Study Group - live   recorded*			
	Personal Session   Individual Consult   Group Consult   Study Group - live   recorded*			
	Personal Session   Individual Consult   Group Consult   Study Group - live   recorded*			
	Personal Session   Individual Consult   Group Consult   Study Group - live   recorded*			
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	Personal Session   Individual Consult   Group Consult   Study Group - live   recorded*			
	Personal Session   Individual Consult   Group Consult   Study Group - live   recorded*			

Email a scan or phone picture of your logs to [victor@neuroaffectivetouch.com](mailto:victor@neuroaffectivetouch.com). Please keep a copy for your records.  
 \* If you are pursuing certification and attend a study group via recording, a 500 word reflection paper of your experience is required.