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| Your name as it is on your application | Email | Date Submitted |
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Foundation Training Requirements

Six Individual Sessions — with approved session provider ■ at least one session in person if possible

Eight Consult Credits — with approved consult provider ■ **Individual 2 credits** ■ **Mentored Hands 2 credits** ■ **Small Group 1 credit** ■ **Ongoing Closed Group 1 credit**

| DATE | CIRCLE ONE | CREDIT | DURATION Hours | PROVIDER | PROVIDER CONFIRMATION Signature or email |
|------|---|--------|-------------------|----------|---|
| | Personal Session ■ Individual Consult ■ Mentored Hands ■ Group Consult ■ Closed Group | | | | |
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| | Personal Session ■ Individual Consult ■ Mentored Hands ■ Group Consult ■ Closed Group | | | | |

Scan and email your completed log to the NATouch Institute at reflections@neuroaffectivetouch.com. Be sure to keep a copy for your records. Participants are responsible for tracking their session hours.