NeuroAffective Touch® Institute

Foundation Training
Session Log

Your name as it is on your application	Email	Date Submitted

Foundation Training Requirements

Six Personal 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* ▪ **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				
	Personal Session ▪ Individual Consult ▪ Mentored Hands ▪ Group Consult ▪ Closed Group				
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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.