Brainspotting International

Application for certification **Renewal** as Brainspotting Practitioner

Rea	uirements	for	Certif	fication	Renewa	al:
1100	all olliones	101	Corti	ileation	Itelie	

100 hours of do	cumented client he	ours using E	3SP
\$100 Fee			

Basic Information

Name:	Degree:		
Professional License type:	Licensing State and #:		
Work address:			
Email	Phone		
Place of employment or practice:			
Highest level of education attained:	Institution awarding highest degree:		
Years of experience as a licensed practitioner:			

Initial Brainspotting Certification date:

Please use session tracking form to document the 100 hours required for recertification.

Fees & Renewal

Signature Date

Two year renewal requires 100 hours	3		
Hrs of documented sessions.\$100			
 Next renewal period after 	Send check and	application to	
initial certification begins Jan. 1,	David Grand, PhD		Make checks payable to
2017	2415 Jerusalem Avenue Suite 105		David Grand
	Bellmore, NY 11710		