

Brainspotting Trainings, LLC

Application for Continuation as an Approved Brainspotting Consultant

Name:	Degree:
Professional License Type:	Licensing State and number:
Work Address & Phone Number:	
Email:	
Place of employment or practice:	
Highest level of education:	Institution awarding highest degree:
Years of experience as a licensed practitioner:	

Brainspotting

Date of Initial Certification:	Initial Certification Consultant:
Date of most recent Re-Certification (if applicable):	Recertification Consultant (if applicable):
Date of Initial Approval as a Consultant in Brainspotting:	Trainer for Consultant-in-Training Course: Adjunct Consultant-in-Training Assessment Trainers:
Date of Most Recent Continuation as an Approved Brainspotting Consultant (if applicable):	Trainer for Most Recent Assessment for Continuation as an Approved Brainspotting Consultant (if applic.)
Date of Current Assessment for Continuation as an Approved Brainspotting Consultant	Trainer for Current Assessment for Continuation as an Approved Brainspotting Consultant

Specializations in Brainspotting Practice:

Please list/describe your growth, challenges, and achievements as an Approved Brainspotting Consultant during the time since your most recent prior Approval or Continuation of Approval: *(use a separate page, as needed)*

Signature _____ Date: _____

Please attach your Trainer's Report and Recommendation for Continuation as an Approved Brainspotting Consultant to your application

Fees:

The Continuation of Approval fee is \$50, payable to Brainspotting Trainings, LLC

Please send all documents and payment to:

David Grand, PhD
2415 Jerusalem Avenue, Suite 105
Bellmore, NY 11710