



# Advanced Process Acupressure Practitioner Certification Program

September 2009

Now that you have completed your Practitioner Certification Program you may be thinking about getting Advanced Practitioner Certification. Why should you do this? Advanced Certification is required for PA teacher training. In addition, you learned in the Practitioner Program, there is no better tool available today for self-discovery and development than Process Acupressure. It is truly the Gateway to Soul. This advanced program is an opportunity to take your process in self-development and discovery to a whole new level. You will take classes that introduce you to the principals of Five Elements Acupuncture and light consciousness work. By working with the acupuncture meridians and the Chakras, the program is designed to serve you in health, full development and alignment with soul and purpose. You will also take an elective to deepen your understanding of interface touch, which is so important to this work. This program gives you additional tools to work with your clients to help them in their processes.

You will select or be assigned a mentor and you will do 25 sessions on clients and 25 sessions on yourself, applying the new skills that you have learned in these classes. The Director of Certification will provide a current list of all the people in your area by zip code who are certified or have taken Process Acupressure classes. You will have four years to complete all requirements.

## Steps of Advanced Process Acupressure Practitioner Certification

### Eligibility and Scope:

In order to apply you must have obtained Certification as a Certified Process Acupressure Practitioner and completed PA3. The program is for professional health and/or psychological practitioners who wish to label themselves or advertise as Process Acupressure practitioners. Process Acupressure certification does not represent a legal status to practice. It is your responsibility to satisfy any state or local requirements to practice hands-on professional work.

### Application:

Join the Advanced Certification Program by completing, and submitting an application to:

#### **Advanced Process Acupressure Certification Program**

Marguerite Mroz  
4 Dunwich Road  
Lutherville, MD 21093  
(410) 321-8397  
mmroz@bcpl.net

Your application will include: a) Your reason for pursuing advanced training (b) The date(s) of classes you have taken (c) The teacher(s) of those classes (d) Date of Practitioner Certification (e) \$400 fee for application and processing. (Please make checks payable to Soul Lightening International)

### Training:

Complete five classes, including CA 2, PA3, PA4. The fifth class may be one of the following: a PA class taught by a certified PA teacher, such as, Soul Work, Creative Process with PA, Ancestral Healing, two 2-day PA Practica, a Process Work class taught by a certified PW teacher; a repeat of any of these classes. If you have not previously taken Inner Child Healing, you must take it now. *Note: If CA1 was not required for your PA Practitioner Certification, you will be required to take it now.*

## **Practice:**

1. Give 25 PA practice sessions based on PA3 and PA4 material. Write reports on these sessions of approximately one half to one page each (by this level you will be more succinct). Include: PA pattern used; relevant 5 elements information; theme of session (e.g. elemental or meridian imbalances); causative factor work; structural or energetic factors; meta-program work; soul work, etc. Other information as shown on the attached form.
2. Receive at least 25 PA sessions based on PA3 and PA4 material: 15 may be from someone else; at least 10 must be on yourself alone. Keep a "Process Journal" of these sessions, giving PA pattern used, issues or themes addressed. The journal will show your own progress with PA and your process.
3. Mentor supervision: The PA mentors all have different training and unique styles of teaching. Also, though the hourly rate is the same between mentors, the total cost to you may vary. We encourage you to discuss style and cost with your proposed mentor during your mentor selection process so you can match with one who most closely meets your needs. Later, during the certification program, if you or your mentor feels that your process might be better served by your studying with another mentor, either of you may contact the Director of Certification to request a change.

Send your completed practice sessions and your "Process Journal" to your mentor. You are expected to pay the mentor \$65 per hour to review your cases and for any telephone consultations. Any regular sessions from the mentor will be charged at their normal rate. Send your reports, marked "case records," in packets of 5-10 to your mentor on a consistent agreed schedule. Your mentor will send them back with feedback.

## **Sessions with Certified Practitioners:**

As part of the program, you are expected to give three sessions to three different PA teachers or Approved PA Mentors based on but not limited to advanced PA material and receive their written approval. You will need to demonstrate proficiency in: a) quality and precision of touch: interface, fulcrums, b) point precision, c) understanding of principles, d) ability to follow and facilitate process. If your skills are developed to the satisfaction of the practitioner, they will approve the session. If you have not yet attained the appropriate skill level, they may request another session or suggest another class for you to take before they will give approval.

## **Final Exam:**

You must give at least one complete PA session to Aminah (or her approved substitute) for approval. She may pass you or ask for additional training or demonstration.

## **Final approval of practitioner proficiency and graduation:**

The mentor and the Director of Certification will give final approval for Advanced Certification according to demonstrated successful proficiency and completion of required classes, documents and approvals. After approval you will participate in a graduation ceremony at the next possible class and will be awarded an Advanced Practitioner Certificate.

## **Length of Program:**

You will have four years to complete the requirements of the program. With good cause you may request extensions. If you need an extension or want to have inactive status, you must obtain approval from your mentor first and then the Director of Certification. Additional payments will be required as follows: a maximum of two 1-year extensions may be granted for a \$200 fee per extension. You may obtain inactive status for a maximum of two years due to unforeseen complications for a \$100 fee per year. Once you decide to become active again you have one year to complete the program for a \$200 fee.

## **Maintaining Professional Status**

There is a \$100 yearly registration as a **Practitioner** with **Soul Lightning Office** at the beginning of each calendar year. The PA faculty encourages you to take at least one Process Acupressure or Process Work Class each year to continue your personal development and to refine your professional skills.



# Advanced Process Acupressure Certification Program Application Form

Please type or print clearly\*

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name as you would like it to appear on the Practitioner's Certificate (if different from above)

\_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Office \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred address and phone number for mail list and referrals:  Home  Office

Schools Attended Since High School	Dates Attended	Area of Study	Degree	Date Received

Professional Experience:\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Occupation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Study of Other Healing Arts: (Indicate length of programs)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your involvement in the "healing world"  Full time  Part time  Other

\*If you want additional space to write please attach another sheet of paper.

List Current Licenses or Certificates, in the Healing Arts from State, Federal, or Other Agencies

Title	Issuing Agency	License Number	Issuing Date	Expiration Date

Clinical Acupressure (CA), Process Acupressure (PA) Workshop Experience

Name of CA, PA Program	Month/Year	Location	# of days/ total hours	Instructor

Process Acupressure Clinical Experience:

Number of years using either CA or PA: \_\_\_\_\_ Estimate total number of treatments given: \_\_\_\_\_  
 Current number of treatments per week: \_\_\_\_\_ Length of time required to give a typical PA session: \_\_\_\_\_  
 Do you do relatively "pure" PA? \_\_\_\_\_ What percentage of Pure PA in your practice? \_\_\_\_\_  
 Have you incorporated PA principles into another system?  No  Yes Which system? \_\_\_\_\_  
 Location of most of your PA treatments:  Office  Home  Out-Call  Other \_\_\_\_\_  
 Is PA part of your vocation? \_\_\_\_\_ or avocation? \_\_\_\_\_  
 What % of your work incorporates PA principles? \_\_\_\_\_

CA and PA Personal Experience: (Number of treatments you have received, pertinent comments, etc.)\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a particular person you would like as your mentor? \_\_\_\_\_

\_\_\_\_\_

(Whenever possible, we will honor your request)

What attracts you to this program? (Please type on a separate sheet of paper.)

I am applying for  Practitioner Certification or  Advanced Certification in Process Acupressure

Date of Application \_\_\_\_\_ Signed \_\_\_\_\_

Your anticipated Date of Completion of Certification Program \_\_\_\_\_ (typically 2 to 3 years)

\*If you want additional space to write, please attach another sheet of paper.

Rev: 12/1/08



## Advanced Process Acupressure Agreement

I am applying for entrance into the Process Acupressure Certification program. As part of the application, I agree to the policy of not teaching Process Acupressure without written permission. I understand that the program is for professional health and/or psychological practitioners who wish to label themselves or advertise as Process Acupressure practitioners and that I may not advertise or list myself as a Process Acupressure Practitioner until I am certified. I understand that Process Acupressure certification does not represent a legal status to practice. I understand that it is my responsibility to satisfy any state or local requirements to practice hands-on professional work.

I have read and understood the requirements of the program and am ready to embark on this journey.

Please sign and return this form with your application for certification. It will be signed by the Certification Director and a copy will be returned to you for your file.

Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Certification Director: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_