



Clinical Acupressure Practitioner Certification Program

January 2009

The Clinical Acupressure (CA) Certification Program is a wonderful opportunity to learn acupressure skills under the personal guidance of a qualified Clinical Acupressure instructor or a Certified Practitioner. When you sign up for the program, you may request a specific mentor, or the Director of Certification will assign one. Your mentor will guide you through the program and provide feedback on your sessions and paperwork. You will have four years to complete all requirements. The process will include applying your Clinical Acupressure skills in client sessions, and examination by your mentor.

Steps of Clinical Acupressure Practitioner Certification

Eligibility and Scope:

Any interested CA student may, with faculty approval, join the program after completing Clinical Acupressure 1. The program is for professional health practitioners who wish to label themselves or advertise as *Clinical Acupressure* practitioners. Clinical 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 Certification Program by completing, and submitting an application to:

Clinical Acupressure Certification Program

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

Your application will include: (a) your intention about using the work (b) date(s) of classes you have taken (c) teacher(s) of those classes (d) \$400 fee for application and processing. **(Please make checks payable to Soul Lightening International)**. An application form can be found on our website under CA Certification Application. www.SoulLightening.com

Training:

Complete four classes, including at least one Clinical Acupressure 1: Basic Applications and one Clinical Acupressure 2: Meridians, Process Acupressure 1: Gateway to Soul, Seasonal CA Practicum Series (5 two-day workshops)1. Also assist at one CA1 and one CA2 class.

Practice:

1. Write summaries of 10 sessions using Clinical Acupressure protocols to address 5 different conditions, including the criteria you used to select protocols. Summaries should be one page or less.
2. Hold a one-hour, or more, practical session with a Clinical Acupressure Instructor to demonstrate proficiency with hands on touch, point location (including 36 primary points and organ meridian source, junction, entry and exit points), pulses and application of protocols to address specific conditions. You may bring notes.
3. Answer a series of questions orally, or in written form, which address the principles of acupressure and specifically Clinical Acupressure. The questions will be taken from CA 1 and CA2 course material and will be sent to you upon enrollment. Certification candidates have priority in assisting classes and will receive appropriate skill review. This is an excellent opportunity to prepare your essay questions
4. Give 4 hours of public service with Clinical Acupressure. These could be in one session or several. Examples are: a public talk and/or demonstration about Clinical Acupressure; giving 4 sessions for a particular population, e.g. elders, children, homeless, etc.; giving an in-service time to colleagues, an organization, a school, a hospital, etc. Be creative and gain approval from your mentor.
5. Write a short information piece on Clinical Acupressure for publication in a newspaper, journal, or magazine. Another possibility is a brochure or informational letter to colleagues, clients or organizations. Approval from your mentor is required.

Certification for Practitioners Already Certified in Process Acupressure

1. Complete and submit an application form and \$200 fee.
2. Take CA 1 and CA2, and CA Practicum Series
3. Complete items 1 through 5 above.

Mentorship for Certification Candidates

Mentorship

Each student in the certification program will have a mentor to support, assist, and guide them through the process. The certification coordinator will assist each candidate with finding an approved mentor. The mentor will oversee clinical practice and case consultation (minimum 4 hours @ \$65 per hour) and be available to provide support and answer questions throughout the certification process. Any individual acupressure sessions with the mentor are paid for at the mentor's usual hourly rate. Each candidate will write reports on a specified number of treatment sessions. These reports will be reviewed by the mentor.

Final approval of practitioner proficiency and graduation

Your mentor and the Executive Director of Soul Lightening International will give final approval for certification according to demonstrated successful proficiency, and completion of required classes, documents and approvals. After receiving this approval you will be awarded a Professional Certificate.

Length of Program:

You will have four years to complete the requirements of this 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 **Member** with the **Soul Lightening International Office** at the beginning of each calendar year. The faculty encourages you to take at least one Clinical Acupressure, Process Acupressure each year to continue your personal development and to refine your professional skills.



Clinical 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.

(Revised 20090914)

List Current Licenses or Certificates (including PA), 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

Clinical 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 CA session: _____
 Do you do relatively "pure" CA? _____ What percentage of Pure CA in your practice? _____
 Have you incorporated CA principles into another system? No Yes Which system? _____
 Location of most of your CA treatments: Office Home Out-Call Other _____
 Is CA part of your vocation? _____ or avocation? _____
 What % of your work incorporates CA 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 Professional Certification in Clinical Acupressure

Date of Application _____ Signed _____

Your anticipated Date of Completion of Certification Program _____ (typically 1 to 2 years)

*If you want additional space to write, please attach another sheet of paper. Rev: 12/1/2008



Clinical Acupressure Agreement

I am applying for entrance into the Clinical Acupressure Certification program. As part of the application, I agree to the policy of not teaching Clinical 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 Clinical Acupressure Practitioner until I am certified. I understand that Clinical 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: _____

Date: _____

Certification Director: _____

Signature: _____

Date: _____

