



## Process Acupressure Practitioner Certification Program

September 2009

The Process Acupressure Certification Program is a wonderful opportunity to develop process skills under the personal guidance of a qualified Process Acupressure instructor or a Certified Practitioner. It is also required if you wish to become a teacher of Clinical Acupressure. When you sign up for the program, you may request a specific mentor or the Director of Certification will assign one as a mentor to guide you through the program and provide feedback on your sessions and paperwork. You will have four years to complete all requirements. As you progress through the program you will treat clients using the skills you learn in the required classes and write case reports. You will review these reports with your mentor and receive suggestions about your sessions and your write-ups. We want to ensure that you have the greatest opportunity to learn the skills of a high quality Process Acupressure practitioner.

There is no better tool available today for self-discovery and development than Process Acupressure. It is truly the Gateway to Soul. While you are taking the classes and treating clients you will be able to use the skills you are learning to facilitate your own self-development. Ideally you will find a process partner to trade sessions with as you both explore your personal issues and develop your skills. The Director of Certification will provide a list of all the people in your area by zip code who are certified or have taken Process Acupressure classes. To facilitate your self-development, you will learn in class how to do PA sessions on yourself. You will write reports of these sessions, and your mentor will provide feedback to help you focus and to suggest tools to facilitate your sessions.

### Steps of Process Acupressure Practitioner Certification

#### Eligibility and Scope:

Any interested PA student may join the program after completing Clinical Acupressure: Basic Applications and Process Acupressure 1: Essence. 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 Certification Program by completing, and submitting an application to:

##### Process Acupressure Certification Program

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

Your application will include: a) your intention about using the work, b) the date(s) of classes you have taken, c) the teacher(s) of those classes, d) \$400 fee for application and processing. **(Please make checks payable to Soul Lightening International)** An application form is included with this Program Description, and also available on our website. [www.SoulLightening.com](http://www.SoulLightening.com)

#### Training:

Complete six classes, including CA1: Basic Applications, PA 1: Essence, Adv PA 1: Living in Soul, PA 2: Body and Personality Parts, and Inner Child Healing. The sixth class may be one of the following: a PA class taught by a certified PA teacher, such as Soul Work, Creative Process with PA or Ancestral Healing, a Process Work class taught by a certified Process Work teacher; a repeat of one the PA classes listed above.

## **Practice:**

1. Give 50 PA practice sessions. Write reports on these sessions of approximately one-page following the form that we will provide (an example is attached). Receive at least 50 PA sessions: 10-20 may be from someone else; at least 30 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.
2. 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 feel that your process might be better served by study with another mentor, either of you may contact the Director of Certification to request a change.
3. While in the program, you will 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 and receive their written approval. This is a wonderful opportunity to receive feedback from highly skilled PA Practitioners on all of the skills required to be PA Practitioner: 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, the practitioner 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 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 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 Practitioner** with **Soul Lightning Office** at the beginning of each calendar year. The PA faculty encourages you to take at least one Process Acupressure, Process Work Class each year to continue your personal development and to refine your professional skills.



# 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.)\*

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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



## 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: \_\_\_\_\_

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

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

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

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

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

