

**APPLICATION
FOR
BRAIN SYNCHRONIZATION THERAPY BST TRAINING**

Brain Synchronization Therapy (BST) is based on South American Toltec shamanic traditions and Andine energy practices. Participants may find it to be similar to components of Neurolinguistic Programming (NLP), Eye Movement Integration Therapy (EMI), Eye Movement Desensitization and Reprocessing (EMDR), and Brainspotting. BST is designed to be a safe and gradual way of processing trauma to minimize the possibility of the client becoming overwhelmed by the process of resolving past traumas.

The purpose of the training is to offer an opportunity for participants to become competent in the provision of BST. Training will include hands-on learning and practical application to prepare participants to use BST with people with histories of trauma. BST is a protocol for trauma therapy that can be delivered by a licensed professional or by an unlicensed paraprofessional. The only prerequisite for training is an openness to energy psychology and a desire to help people heal from trauma. People who may find this training beneficial include registered nurses, physicians, psychologists, social workers, marriage and family therapists, licensed addiction counselors, certified addiction counselors, licensed professional counselors, unit staff, etc.

The three-day training will be held September 5, September 6, and October 3 from 9-5. October 3rd will offer follow up training and consultation after participants have had the opportunity to utilize BST with real clients on their own. To receive a certificate, participants must attend all three days.

The training space will be limited so that everyone has personalized attention so please get your application in as soon as possible.

By signing below, you acknowledge your interest and intent to attend this BST Training.

Name (print):

Telephone :

Current Title:

E-mail :

Employer:

REASON FOR INTEREST IN TRAINING: Please attach a short summary of why you want to participate in the BST training and how you plan to use the protocol.

Email applications and any questions to: regan@anewleaftherapy.org. You will receive your book and manual at the training. Please bring your payment. Checks can be made out to A New Leaf Therapy. Credit cards are welcome and add 3.5%.

By signing below, I am committing to the completion of 24 hours of training to receive the certificate of training for the BST protocol:

Applicant's Signature: _____

Date: _____