

Upledger CranioSacral Therapy Mentorship Tracking Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State/province: _____ Zip/Postal Code: _____

Phone mobile: _____ Phone business: _____

Email address: _____

Mentorship program “credit” for your participation, including acknowledgement on the IAHP website as well as continuing education credit, is structured as follows.

Each “dot” on IAHP would require the same number of contact hours as a regular IAHE core course (24 contact hours). To receive a “dot” would require some breakdown from each of the following categories:

Category A:	Category B:	Category C:
<ul style="list-style-type: none"> • Receiving treatment from a CST or CST-D <p style="text-align: center;"><i>(In-person only)</i></p> <p style="text-align: center;">Minimum of 6 hours from this category</p>	<ul style="list-style-type: none"> • Small Group • Large group <p style="text-align: center;"><i>Attending Clinical Application workshops count toward Category B.</i></p> <p style="text-align: center;"><i>(Virtual or in-person)</i></p> <p style="text-align: center;">Minimum of 6 hours from this category</p>	<ul style="list-style-type: none"> • 1x1 mentorship <p style="text-align: center;"><i>(Virtual or in-person)</i></p> <p style="text-align: center;">Minimum of 6 hours from this category</p>

Mentorship credit can be used towards (subject to change):

- Re-certification in CranioSacral Therapy
- Maintaining Certified Teaching Assistant status in CranioSacral Therapy
- Maintaining CranioSacral Therapy Certified Practitioner status

Mentors are listed at: <http://shop.barralinstitute.com/Workshops/Mentors-CS-WEB>. Once you’ve received a minimum 24 hours mentoring, please submit a copy of this tracking form (along with a \$15 processing fee) to the Mentorship Program Ombudsman, Eric Moya, at 3771 Rio Road, Suite 106, Carmel CA 93923. If any questions, please contact: coordinator@ericmoya.com.

First Name: _____ Last Name: _____

Category B (minimum 6 hours)

- Small Group
- Large group

Date/Mentor Name/Location/Mentor Signature

_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

You can count up to 6 hours of Category B mentorship for each clinical applications class you attend. You can count 1 hour of Category B mentorship for each study group you attend.

