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| **Professional Practice Hour Recording Form** | |
| *RSME, RSMT, ASMP Submit within two years of application.*  *MSME, MSMT Submit with application process.*  *ISMETA Members Grandparenting to new credentials submit with application process.* | |
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| Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
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| Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Website: | Click or tap here to enter text. |
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| **Summary of your practice history:** | |
| Include overview of the span of time you have been practicing, settings and a general description of the movement issues you address. Make reference to the principles you apply and the types of skills you use, especially if you combine several approaches.  Click or tap here to enter text. | |
| **Associate Somatic Movement Professional**  Evidence of 75 hours of professional practice. 35 hours may take place prior to completing your training.  **Registered Somatic Movement and Therapist**  Evidence of 150 hours of professional practice. 75 hours may take place prior to completing your training.  **Master Somatic Movement Educator or Therapist**  Evidence of 500 hours of professional practice. 150 hours may take place prior to completing your training.  **Grandparenting Master Somatic Movement Educator or Therapist**  Evidence of a total of 500 hours of professional practice. | |
| **All hours must be outside of those which were counted as part of your training.** | |

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| **Total Hours Completed:** Click or tap here to enter text. | Prior to submission, be sure to compute total number of hours. | | |
| **Hours** | **Date(s)** | **Group or Individual** | **Description (Include Locations and Program Names)** |
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Revised on 03.01.2023