

Emotional Freedom Technique (EFT) Format

Presented by: Rita Crockett, LPC, LADC

Friday, March 2, 8:30 p.m. to 4:30 p.m.

6 Hours CEUs Approved LPC, LMFT and LADC

Training objectives:

- Learn theoretical foundation of Emotional Freedom Technique (EFT)
- To be able to describe energy psychology tools and how they differ from traditional therapeutic tools.
- Utilizing SUDS measures and applying EFT to specific issues
- Practice identifying beliefs and applying EFT for belief changes

Qualifications for attending:

A clinical background is necessary for the effective application of Emotional Freedom Technique (EFT) in clinical settings. Qualification to attend training is limited to mental health professionals in the drug and alcohol and/or mental health field who are licensed through the appropriate state or national board.

Intern/graduate student requirements: completion of graduate level coursework at an accredited school and be on a licensing track under state sanctioned supervision by a licensed clinician. A letter from the licensing supervisor is needed to complete registration process.

Notice: This workshop is not sponsored or approved by the Association of Comprehensive Energy Psychology so it will not count towards their certification process.

Workshop Agenda

Theory and education of energy psychology tools and EFT

Break

Practice with EFT Procedures

11:30am - 12:45pm Lunch break

Practice with EFT Procedures

Break

Practice with EFT Procedures

Debrief practice and close

Cost is \$95: NO REFUNDS – Registration & Payment is Due February 29

SPACE IS LIMITED

Location: Norman Addiction Information & Counseling

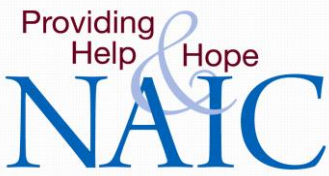
215 W. Linn

Norman, OK

Contact Person: Teresa Collado, (405) 321-0022 or tcollado@naichelp.org

www.naichelp.org

Registration form is below.



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First & Last Names: _____

Organization: _____

Title/Credentials: _____

Address: _____

City/State/Zip: _____

Phone: _____ *Email: _____

*Registration confirmations are sent by email only.

Registration Fee \$95 (No Refunds):

Check # _____ (no personal checks accepted, must be a business check)

Purchase Order # _____

Money Order # _____

Credit Card Type: _____ # _____
Expiration Date: _____ Security Code (3 digits) _____

Please mail or fax registration and payment by February 29 to:

NAIC

P.O. Box 730

Norman, OK 73070

Fax (405) 360-4918

For questions, please contact: Teresa Collado (405) 321-0022, tcollado@naichelp.org