

APPLICATION: 2018-2019 Austin, Texas NARM Practitioner Training

NARM is a professional clinical training for psychotherapists, somatic practitioners, and health professionals who work with trauma. The information in this application will help NARM faculty get acquainted with prospective participants for the 2018-2019 Austin NARM Practitioner training.

- Acceptance into the NARM training is not automatic by completing this application.
 - Upon receipt of your application, your application will be evaluated within 2-4 weeks, and a personal interview may be requested.
 - If you are accepted into the training you will be notified by email of your acceptance.
 - If you are not accepted into the training, you will be notified by email of our decision.
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1. Name:

Address:

Email:

Phone(s):

Profession:

License and license number:

2. How did you hear about the NARM training?

3. Please tell us about your interest in NARM and the NARM training, and how you think it would benefit you professionally and personally.

4. Tell us about your practice: e.g., your clinical orientation, type of clients you work with, issues you focus on, etc.

5. Describe your professional education, including any clinical or professional trainings. Please list relevant licenses and certifications. (Including your CV is preferred but not required)

6. Please describe your personal and/or professional experience with general psychotherapy, somatic psychotherapy and/or other kinds of clinical or somatic work.

7. What experience do you have with somatically-oriented systems that focus on regulation of the nervous system?

8. What experience do you have with attachment and /or developmentally focused psychotherapies?

9. What psychotherapy or bodywork systems have had the greatest impact on the way you practice?

10. Have you had any other training in trauma? If so, please describe.

11. What self-regulation skills do you practice (e.g., do you have a mindfulness/meditation practice)?

12. Is there anything else you would like to tell us that you feel would help us to know you better?

Please Note:

- **When completed, please return to: AustinNARM@gmail.com**
- *If you are accepted and agree to enroll in the program, you are acknowledging that the NARM training does involve a high level of personal self-inquiry and that you are responsible for assuring you have the resources for appropriate self-care. The NARM faculty and teaching team are responsible for your clinical training, but are not responsible for your personal well-being.*

Signed: _____

Date: _____