

DESCRIBE HOW CLIENTS ARE SELECTED:

DESCRIBE "ROUNDS" OR POST-SESSION CONFERENCES:

SUPERVISOR'S OPTIONAL COMMENTS ON STUDENT'S WORK:

CLINIC STARTING AND ENDING DATES: _____

TOTAL CLINICAL HOURS COMPLETED: _____

Check here & attach sample copy of client medical history form and sample copy of client feedback form, if available.

Print Clinic Supervisor's Name (If completed by Supervisor): _____

Signature: _____ **Date:** _____

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Evaluation of Certified Practitioner Skills

To be completed by Certified Instructor receiving treatment from Applicant. (Optional – CI may not request if distance makes this difficult) Attach additional sheet, if needed.

TREATMENT RECEIVED: Acceptable Marginal Not Acceptable

ASSESSMENT SKILLS: Acceptable Marginal Not Acceptable Not Applicable

TREATMENT PLAN: Acceptable Marginal Not Acceptable Not Applicable

FURTHER COMMENTS ON ASIAN BODYWORK TREATMENT RECEIVED:

The undersigned AOBTA® Certified Instructor acknowledges that this Certified Practitioner application is complete and passes CI review. (Application must still pass Peer Review.)

Print Certified Instructor Name: _____

CI Signature: _____ **Date:** _____