Tapping the Matrix Academy

**Application for EFT Certification**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website (if you have one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Licensure or Certification that you hold: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous EFT Experience, training or certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Relevant Educational Background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Relevant Work Background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why do you want to become certified in EFT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contact (name and phone number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Certification Agreement**

The purpose of this agreement is to establish a clear understanding of our expectations for certification. Please read it carefully, initial and sign, and return the form to the address below. If you have any questions regarding this agreement, please contact Rob Nelson: robnelson.eft@gmail.com

**Program Requirements:**

**Attend Level 1 and Level 2 workshops**

**Log 50 EFT/HR Sessions with Clients.**  Log your practice sessions using our sessions form, with notes to bring to consultation.  Here are the specifics:

All sessions must be an hour or longer  
Sessions may include Hacking Reality  
Must include a minimum of 30 different clients   
You may begin logging up to 20 hours between Level 1 and Level 2  
At least 15 sessions must be with "real" clients (not friends, family or swap)  
Group sessions don’t count  
An informed consent form must be offered and signed by all clients (except for family and swap sessions)  
You may charge for sessions or not, as you see fit (but charging is encouraged)

**Academy Clinic.** The on-line Clinic provides a source for “real” clients via Zoom, Skype or phone. To qualify you’ll need to have completed EFT Levels 1 & 2 and carry liability insurance (see below). Participation is optional and there is no extra charge to sign up.

**Ethics Requirement.**  Read the book Creating Healing Relationships—Professional Standards for Energy Therapy by Dorothea Hover-Kramer, and pass the online exam.

**Personal Work.**  We require our students to log *at least* 15 EFT sessions as a client.  Sessions may include Hacking Reality and should be an hour or longer.  You are welcome to do all of these sessions with swap partners if you wish.

**Consultation.**   We require a minimum of 6 consultations with the director, Rob Nelson (3 private and 3 group). Students are responsible for logging their consultation sessions, and they should be at semi-regular intervals as you do your 50 sessions. All consultations are via Zoom. You’re encouraged to do more than the required 3 group calls.

**Two Recorded Session Evaluations.**  Having completed between 15 to 20 of the 50 required sessions, students must record and submit a Zoom session for evaluation, and then a second recording between sessions 30 to 40. The clients must give permission to be observed. Rob will provide written feedback for each recording. Sessions may include Hacking Reality.

**Liability Insurance.**  We recommend that coverage should begin when you start logging sessions.  It’s required to participate in the Academy Clinic and to take the final exam.  If you are not already covered, we recommend www.energymedicineprofessionalinsurance.com

**Online final exam.**  Having completed all other requirements, students must take and pass an open-book, online exam.

**Timeline.** Students are expected to complete these requirements within 12 months. After 12 months students must pay a continuation fee of $100, or else be placed on suspended status. Suspended students will no longer receive emails from the Academy and will not be eligible for group consultations or work in the Clinic. Suspended students may elect at any time to re-join by paying the $100 continuation fee.

**Expectations for Certification**

To be certified you need to be really good at providing EFT, demonstrating a high degree of skill to your trainer/mentor. Our program (as outlined above) is designed to help you acquire and develop specific skills, knowledge and treatment strategies to effectively help clients with a wide range of personal issues—in other words *to BE really good*. However, merely jumping through the hoops does NOT guarantee certification.

A key part of certification is evaluation by your trainer/mentor. If problems are noted during consultations or recorded sessions they must be addressed and corrected by the candidate. The requirements outlined above are the minimum. If your trainer/mentor requires additional consultation sessions/recorded session reviews beyond those included with tuition these will be billed at $60/session.

Rob Nelson and Tapping the Matrix Academy reserve the right to terminate certification enrollment for any reason at our sole discretion, in which case any paid but unused program fees will be refunded.

If you change your mind and decide to leave the program in the first month, you will receive a full refund. If you wish to drop out between 30 to 90 days from signing this agreement, your tuition will be refunded less a 10% administrative fee. No refunds for any reason will be given after 90 days from signing this agreement.

***I have read and agree to the above requirements and conditions of certification***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print out, sign and mail this form, along with a check for tuition to:   
Rob Nelson, 825 Saint Helena Avenue, Santa Rosa, CA 95404

**Please make the check out to “Rob Nelson”**  
*You may also Venmo your tuition to Rob-Nelson-eft*