

**EDEN ENERGY MEDICINE CERTIFICATION PROGRAM  
YEAR 4: ADVANCED PRACTITIONER PROGRAM  
Grid and Regression**

**Eden Energy Medicine Session Verification Form**

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

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

\_\_\_\_\_

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

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

Year Graduated EEM-CP: \_\_\_\_\_

Year Graduated Clinical Practicum: \_\_\_\_\_

(Please indicate if currently enrolled in Clinical Practicum)

This affirms that I \_\_\_\_\_,  
have completed 100 sessions for the period of August \_\_\_\_, 20\_\_ through  
August \_\_\_\_, 20\_\_.

These sessions have been predominantly Eden Energy sessions, and I understand that sessions in other modalities, energetic or otherwise, are not acceptable in this context.

I understand that I may be asked to provide documentation in the form of dates, session sheets, etc. Note: *Since we will be representing you as having had this level of experience, we must legally ask that you be able to document these sessions if requested via your client records or at least your appointment book.*

I affirm that all the information I have provided is true and agree to all conditions of this testimonial.

I understand that if I do not meet these criteria, my application may not be approved, or my participation may be terminated.

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