

## Energy ALIVE™ practitioner training session documentation form

Practitioner Candidate:		Address:	
Phone:	Email:		Website:
(please photocopy form as needed)			

date	client initials	client's concerns	session details (what you did, where you worked, etc.)	outcome / comments	length of session	TOTAL HOURS
					-	
					\CE TOTAL	

PAGE TOTAL CUMULATIVE TOTAL