



Mindful Awareness in Body-oriented Therapy (MABT): Level 1 Training Program – 2025 Application Form

Name		
Address		
City	St	Zip
Phone		
Email		
Birth Date		

What name do you wish to appear on your Program Certificate?

List the state and profession(s) you are licensed in, along with your license number(s).¹

Describe your personal experience or professional training in the following: mindfulness (e.g. Hakomi, focusing, somatic experiencing), meditation, yoga, bodywork modalities that encourage somatic awareness (e.g. Feldenkrais, Aston-Patterning, Continuum, etc.), yoga, trauma-informed care, or working with clients/patients with mental health issues. Please list relevant degrees, certificates, continuing education, personal experiences, and work experiences.

¹ If you are an RN or a mental healthcare provider, there is a \$100 additional charge for obtaining continuing education credit for this program. If you would like CE credit, please inform the instructor during the first 3 days of class. Payment will be made directly to the instructor and can be made with check or cash.

Name _____

MABT requires the therapist to communicate with the client/patient in a manner that may be different from what occurs in a typical massage, bodywork or manual therapy session. Please describe your comfort level learning and practicing these potentially new skills.

With regard to giving/receiving our techniques, do you have any physical, cognitive or emotional challenges or needs that require consideration inside or outside class? (e.g., injuries, stamina, trauma history, learning disabilities, issues with odors/aromas, etc.)

Application Form

- Please fill out this application and provide a copy of your current professional malpractice insurance.
- A \$250 deposit is required at the time of application, \$100 of the deposit is non-refundable.
- The deposit payment can be online or over the phone with credit or debit card or via the mail with a check.

Apply by paying the deposit with credit or debit card

- Fill out the application a copy of the face page of your current professional malpractice insurance and email it to: info@theratraining.com or mail it to Therapeutic Training Center, PO Box 66864, Seattle, WA 98166.
- Credit or debit card payments may be made with Visa, Mastercard or Discover.
- Phone payments: Call 206-853-6875 to pay the deposit, a receipt will be emailed.
- To pay online via our website, click <https://stores.theratraining.com/mabt/> and scroll to the "Registration" section for the payment link.

Apply by paying the deposit by check via the mail

- Please make checks out to "Therapeutic Training Center".
- Mail the filled-out application form, face page of your current professional insurance and your deposit check to: Therapeutic Training Center, PO Box 66864, Seattle, WA 98166.

Receipt and Review of Application

- Upon receipt of both the deposit and the application, the teacher and the Therapeutic Training Center will review the application.
- Upon acceptance, the applicant will receive an acceptance email, a receipt for the deposit, and will be emailed follow-up documents.
- Should an applicant not be accepted, the applicant will receive email notification and will receive a refund for their full amount of the deposit.