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**Tapping Self Work Notes**

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| **EBEFT Trainee**  | **EBEFT Trainer / Mentor** | **Date Submitted** | **Session # (of 13)** |
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| **Please provide an overview of the 3 x 1-hour sessions you had as a client with a certified practitioner who is not the mentor** |
| **Focus for session 1** | SUD Start | SUD End |
| **Focus for session 2** |  |  |
| **Focus for session 3** |  |  |

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| **Please provide an overview of the 5 x 1-hour swap sessions you had (discuss here the work you did as a practitioner)** |
| **Focus for session 1** | SUD Start | SUD End |
| **Focus for session 2** |  |  |
| **Focus for session 3** |  |  |

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| **Please provide an overview of the 5 x self-tapping sessions (minimum 30 minutes each)**  |
| **Focus for session 1** | SUD Start | SUD End |
| **Focus for session 2** |  |  |
| **Focus for session 3** |  |  |