TRE™ Provider trainee certification process:



Name	<u> </u>				Telease Tebalance
		ation Enrollment sy ™ Learning plan (wi		ible CT)	
	·	ng and sent proof of wareness in TRE	-	n to responsible CT E™ Template □	& signed learning plan, receive
Min 4		ons: Personal sessional sessional rnaling of own proce			ss, questions, books, tremors ssion)
1.	Date	Skype <b></b>	on site□	Trainer/Mentor	
2.	Date	Skype 🗖	on site□	Trainer/Mentor	
3.	Date	Skype 🗖	on site□	Trainer/Mentor	
4.	Date	Skype 🗖	on site□	Trainer/Mentor	
Appro	x. 6 hours/4 s	essions: Leading an	individual t	hrough TRE™ unde	r supervision (submitted film)
1.	Date	Skype 🗖	on site□	Trainer/Mentor	
3.	Date	Skype 🗖	on site□	Trainer/Mentor	
4.	Date	Skype 🗖	on site□	Trainer/Mentor	
7-8 ho	urs/4 sessions	s: Leading a group th	nrough TRE	™ under supervisio	n(submitted film and pre-edit)
1.	Date	Skype <b></b>	on site□	Trainer/Mentor	
2.	Date	Skype 🗖	on site□	Trainer/Mentor	
3.	Date	Skype 🗖	on site□	Trainer/Mentor	
Readir	ng required lit	erature/media and	write a 1-2	page summary	
Book:			S	ummary Completed	d date:
Book:			S	ummary Completed	d date:
Book:			S	ummary Completed	d date:
Book:			S	ummary Completed	d date:
DVD:			S	ummary Completed	d date:
DVD:			S	ummary Completed	d date:
DVD:			S	ummary Completed	d date:
Final A	Assessment				
Date _		Skype 🗖 on	site <b>□</b> Cer	tification Trainer	