

Plant Spirit Medicine
Alternative CEU Request
submit proposal to:
psma-trustees@plantspiritmedicine.org

Applicant Name:

Email address:

Phone:

Please review submission guidelines prior to completing your proposal.

Program /Course title:

Program/Course description:

Presenter qualifications/ School or sponsoring organization:

Describe how the program/course will support you with your practice of plant spirit medicine and/or bringing the medicine into the world.

Please specify the number of CEU hours requested:

The PSMA Trustees will act on your request within 10 days of receipt. Should more information be needed, you will be notified via email. Your proposal will be reviewed by the trustees prior to the Seminary review, with a recommendation to support, or not support your request. An acceptance or rejection email will be sent by the Seminary to you within 8 weeks of the final proposal's receipt.

Date proposal received _____ initials _____

Revised 1/2015

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Submission Guidelines

The Request Process

Your request for alternative CEU hours from the PSM Seminary should provide the reviewers with specific information about your need to deepen your skill, understanding, comfort with, and knowledge of Plant Spirit Medicine as a healing practice.

The **program or course of study** for which you wish to receive CEU hours should be sponsored by an association, school or group with qualifications to hold the program or course; and likewise, by a presenter who is qualified to teach or facilitate the program. Please include this information in your request. A course or program outline, learning objectives, course/program description and hours of participation will provide necessary details for review.

Presenter qualifications should be included. So, for example if you request to take a program or workshop that is not associated with an educational institution, presenter qualifications will help the reviewers to understand how the program will be taught or facilitated, in addition to understanding the training of the presenter. Courses offered in a formal education setting will generally have a faculty listing which can provide that information for you.

Supporting your practice: How will your participation in the program or course support you in your practice of PSM, or in bringing the medicine into the world? Please share specific areas in which the program will provide new skill or knowledge, deepen or enhance your understanding; or support your development in a particular area where you feel challenged. Please speak freely about the area of growth you wish to support, as well as how the proposed program can support this need.

CEUs hours: Please request a specific number of hours of CEUs you would like to receive from the Seminary for completing the proposed course.

Questions?

If you have questions as you are exploring the opportunity to request alternative CEU hours you may contact the PSMA trustees at:

psma-trustees@plantspiritmedicine.org .

Should the trustees have a questions about your request, we will contact you, so that your proposal will reflect your thoughtful preparation.

Date proposal received _____ initials _____

Revised 1/2015