



(Will be filled out by ERA e.V.)

Admission to Advanced Training 2019

(Grey fields will be filled out by the ERA e.V.)

Name:

Certified Rolfer™ (Date):

Rolf Movement™ Certification (Date):

<input type="checkbox"/>	3-7 years after Certification
<input type="checkbox"/>	9 Manipulation Credits OK
<input type="checkbox"/>	3 Movement Credits OK
<input type="checkbox"/>	3 Internal Credits OK
<input type="checkbox"/>	3 Elective Credits OK
_____	ERA-Credits

9 Manipulation Credits

(Will be filled out by ERA e.V.)

WS Name	Teacher	Dates	Teaching hours	Number of Credits	Inside or associated Workshop	Outside WS	Certificate ok

3 Movement Credits (this credits are covered for Rolf Movement™ Pract.)

(Will be filled out by ERA e.V.)

WS Name	Teacher	Dates	Teaching hours	Number of Credits	Inside or associated Workshop	Outside WS	Certificate ok

3 Internal Credits

(Will be filled out by ERA e.V.)

WS Name	Teacher	Dates	Teaching hours	Number of Credits	Inside or associated Workshop	Outside WS	Certificate ok

3 Elective Credits

(Will be filled out by ERA e.V.)

WS Name	Teacher	Dates	Teaching hours	Number of Credits	Inside or associated Workshop	Outside WS	Certificate ok