



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

## Admission to Advanced Training 2020

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

Name: \_\_\_\_\_

Certified Rolfer™ (Date): \_\_\_\_\_

Rolf Movement™ Certification (Date): \_\_\_\_\_

___	3-7 years after Certification
___	10 Intermediate Credits OK
___	5 Movement Credits OK
___	3 Elective Credits OK
___	ERA-Credits

## 10 Intermediate (manipulation) Credits

(certified after 2016, certified before 2016: 9 manipulation+ 3 internal credits)

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

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

## 5 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 WS	Outside WS	Certificate ok

## 3 Elective 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 WS	Outside WS	Certificate ok

Please send this form together with the confirmations for your attended workshops. Thank you