

# Process Work Institute

2049 NW Hoyt Street, Portland, Oregon 97209 • 503-223-8188 • Fax: 503-227-7003

## Certificate of Study in Process Work Program

### Learning Agreement

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Name of Student

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Name of Advisor

Date of Admission to Program

This agreement is between the student and his/her advisor. The purpose of the agreement is to make an initial plan to help the student fulfill their requirement. The student may submit revision of this agreement to the advisor for approval, as is needed during the course of study.

#### **I. Minimum Study Requirements**

Please state when and where you plan on attending seminars, if this is known;

A1. Intensive Course or equivalent – state your plans for meeting this requirement.

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A2. If you are not going to attend the Intensive Course please include how you will gain the training in each topic listed below. If you are attending the Intensive please continue on to section II.

Body Work (includes topics covering)

- Bodywork
- Symptoms and illness
- Near-death and coma work
- Movement

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Relationships (includes topics covering)

- Couple work
  - Conflict work
  - Family work
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## Inner Work/Individual Work (includes topics covering)

- Inner Work
- Dreams and dreaming
- Creativity
- Life myth

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## Group work (includes topics covering)

- Worldwork
- Open Forums
- Conflict facilitation
- Diversity, deep democracy
- Leadership
- Organizational work
- Team work

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## States of Consciousness (includes topics covering)

- Extreme states of consciousness
- Addictions
- Trauma and abuse
- Coma work
- Palliative care
- Dementia and near death states of consciousness

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## Clinical Training (includes topics covering)

- Supervision
- Training seminars
- Process Labs
- Process Theory courses

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## II. Electives and Specialization

After completing the minimum study requirement the student is required to complete an additional 25 hours of elective or specialized study. This could be in a one-on-one session or in a class setting. Please include a time-frame and subject area(s) of study.

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## III. Personal Sessions

State the name of the Diplomate you intend to work with to complete the minimum of 25 hours required. Include also some time framework for how often you will be working with this therapist.

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1. **IV. Prior Credits** – State the agreement that you and your advisor have come up with regarding credits for activities prior to registering as a student in this program.

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Signature of Student:

Date:

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Signature of Advisor:

Date:

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