

**CST Presenter Application Packet**

Presenter Qualifications

Presenter Application

Presenter Recommendation Forms

March 17, 2016

Presenter Qualifications

ShareCare® (SC)

* Successful completion of two (2) CS1 teaching-assistant assignments with a score of 4.5 or higher within the past three (3) years
* Successful completion of SER1
* Submission as a complete packet of:

1. This application form

2. Written recommendations from 2 UII CST instructors **(**[**use recommendation forms**](http://173.162.84.145:5000/fbsharing/NLEjgm0o)**)**

3. A video and $100 video review fee:

* + The video must be between 10 and 15 minutes in length
  + The video must show you performing one still point induction (not at the cranium), palpation of the craniosacral rhythm and one diaphragm release.
  + You must use a demo body on the table while explaining the technique including core intent, relevant anatomy and hand placements as if speaking to an audience that has not heard of CranioSacral Therapy.
  + The video will be reviewed by a UII Instructor for techniques, accuracy, and presentation skill.

Presenter Approval

ShareCare® (SC)

*Planning, studying and rehearsing your video before submitting is highly recommended. This preparation and study will be time well spent as it will enhance future presentations. It is suggested that you assist a CS1 with presenting in mind, and consider the details, languaging and teacher nuances of the topics involved. Should your application not be approved, there will be additional costs involved, including an additional video review fee when you resubmit.*

* Share Care Presenter Approval is dependent upon the accuracy of the lecture presentation as well as technique demonstration/instructions provided in the video.
  + Accuracy is determined by the objective key points checklist used by the video evaluator. Achieving at least 50% of the key points accurately is considered successful. The checklist is not provided to the applicant in advance as the level of detail would substitute for necessary preparation and study.
* Ability to follow the above instructions is taken into consideration; ie, length and content of video.
* Overall presentation in terms of organization, pacing and flow will be assessed.
* UII instructor recommendations are taken into consideration.
* Prior to approval, the UII Faculty are made aware of your application and feedback is encouraged and taken into consideration.

Approval is for ShareCare Presenter - not Certified ShareCare Presenter. In order for an individual to be a Certified Presenter, the applicant must successfully complete a CranioSacral Presentation Tools Class.

Individuals approved to present ShareCare shall refer to themselves as “Presenter”. This will distinguish a Presenter from a Certified Presenter who has participated at a higher level of presentation training. The Share Care Presenter shall not refer to themselves as an “Instructor”. This differentiates and acknowledges the extended Inner Work, Therapeutic Presence and Mastery of those who have undergone a much more rigorous process to achieve the title of “Instructor”.

Unsuccessful Share Care Presenter Applicants

Presentation videos from individuals who are not approved will be sent to the two instructors who provided presenter recommendations.

These instructors may provide comments on the presentation as well as recommendations regarding the status of the Presenter Applicant, in terms of their Teaching Assistant, Certification and/or Study Groups credentials.

Accurate presentation of the material reflects on the applicants’ knowledge for future presentations, but also on current credentials, such as certification, study group, mentorship and/or other credentials earned. The video may be taken into consideration for maintaining these credentials. For example, if an applicant is technique certified and provides sufficient incorrect information, their certification may be suspended until such time as a personalized reinstatement plan can be successfully completed. The same will hold true for those serving as Study Group Leaders who provide incorrect information on their video submission.

Presenter Qualifications

### CranioSacral Therapy Overview (CSTO) or CranioSacral Therapy Introduction (CSTI)

* Successful completion of at least two (2) CS1 teaching-assistant assignments with a score of 4.5 or higher within the past three (3) years, preferably with at least two different CS1 Instructors.
* Successful completion of SER1
* Submission as a complete packet of:

1. This application form

2. Written recommendations from 2 UII CST instructors ([**use recommendation forms**](http://173.162.84.145:5000/fbsharing/NLEjgm0o))

3. Successful completion of a [CranioSacral Presentation Tools (CSPT)](http://shop.iahe.com/Workshops/CranioSacral-Presentation-Tools-CSPT) Workshop.

Upon successful completion of the Presentations Tools Class, the individual will be a Certified Presenter and may refer to themselves as a “Presenter”. The title of “Instructor” acknowledges the extended Inner Work, Therapeutic Presence and Mastery of those who have undergone a much more rigorous process to achieve the Instructor designation.

Unsuccessful Completion of [CranioSacral Presentation Tools (CSPT)](http://shop.iahe.com/Workshops/CranioSacral-Presentation-Tools-CSPT) Class

Unsuccessful completion will result in a Plan of Action for successful completion which will include, but not be limited to, providing presentation videos for previously unsuccessful presentation(s) for further evaluation. These videos will be sent to the CSPT instructor and the two instructors who provided presenter recommendations for additional evaluation.

These instructors may provide comments on the presentation as well as recommendations regarding the status of the Presenter Applicant, in terms of their Teaching Assistant, Certification and/or Study Groups credentials.

Accurate presentation of the material reflects on the applicants’ knowledge for future presentations, but also on current credentials, such as certification, study group, mentorship and/or other credentials earned. The video may be taken into consideration for maintaining these credentials. For example, if an applicant is technique certified and provides sufficient incorrect information, their certification may be suspended until such time as a personalized reinstatement plan can be successfully completed. The same will hold true for those serving as Study Group Leaders who provide incorrect information on their video submission.

The intent of the above steps is two-fold:

1. Educate Instructors about what constitutes an appropriate referral into the Presentation Track.
2. Maintain the Gold Standard of UII CST Instruction. Presenters, though not CST Instructors, are responsible for providing accurate information regarding CST and the associated techniques to the attendees of CranioSacral Therapy Overview (CSTO) or CranioSacral Therapy Introduction (CSTI).

Presenter Qualifications

### ShareCare or Introduction Presenter Qualifications to present to Birthing Professionals

* Approved CranioSacral Therapy Overview (CSTO) Presenter
* Successful Completion of CCPB1
* Successful Completion of CACCPB1 or CST Diplomate Certified
* Techniques Certified
* Submission of this application form



**CST Presenter Application**

I am applying to be considered as a Presenter for UII CranioSacral Therapy (check all applicable):

\_\_SC; ShareCare

\_\_CSTO; CranioSacral Therapy Overview (1 day)

\_\_CSTI; CranioSacral Therapy Introduction (2 days)

\_\_CCPBINT; CranioSacral Applications for Conception, Pregnancy & Birthing Intro. (1 day)

Name: (print):

Address: (print):

Address: (print):

Phone (print):

Email: (print):

Please state why you wish to become a presenter. Please be specific on your intentions and motivations.

Please list any previous teaching experience.

Please provide the following information:

Last CS1 and CS2 classes for which you were a Teaching Assistant:

**CS1 (minimum of 2)/ Date / City /Teacher**

**CS2 / Date / City / Teacher**

Are you an official UII CST study group leader? Since (year)

Average number of clients per week on which you perform CST techniques:

How often did you receive CST for yourself during the past 12 months?

Any other comments/information that you would like to share to help us consider your application?

## Signature Date

*Include written recommendations from 2 UII CST instructors (*[*use recommendation forms*](http://173.162.84.145:5000/fbsharing/NLEjgm0o)*), and if a ShareCare Presenter Application include a video and $100 video review fee:*

*Complete and submit to:* [*Kristen.bloom@iahe.com or 561.622.4771*](mailto:Kristen.bloom@iahe.com) *(Fax)*



**CST Presenter Recommendation**

I am recommending (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be considered as a UII CST Presenter.

Your Name: (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Role/s at UII: Instructor\_\_\_\_\_\_

Please provide the following information about the applicant:

What is your professional relationship to the applicant:

TA with them \_\_\_\_\_\_\_\_ (date of last time): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_ (date of last class) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-worker: \_\_\_\_\_\_\_\_

Other (specify); \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant performed CST techniques on you? \_\_\_\_\_\_\_\_\_

Most Recent Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you think the applicant would be a good UII CST Presenter?

## Signature Date

*Complete and return to applicant to submit*



**CST Presenter Recommendation**

I am recommending (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be considered as a UII CST Presenter.

Your Name: (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Role/s at UII: Instructor\_\_\_\_\_\_

Please provide the following information about the applicant:

What is your professional relationship to the applicant:

TA with them \_\_\_\_\_\_\_\_ (date of last time): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_ (date of last class) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-worker: \_\_\_\_\_\_\_\_

Other (specify); \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant performed CST techniques on you? \_\_\_\_\_\_\_\_\_

Most Recent Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you think the applicant would be a good UII CST Presenter?

## Signature Date

*Complete and return to applicant to submit*