



EQUUSOMA®
HORSE-HUMAN TRAUMA RECOVERY

Required Hours Log

Name: _____

Location: _____

Date	Session Type (check one)	Duration (# of hours)	Provider Name	Provider Signature
	<input type="checkbox"/> Personal Session <input type="checkbox"/> Individual Consultation <input type="checkbox"/> Group Consultation			
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Please mail or email your completed session logs upon completion of required hours to receive your EQUUSOMA® Practitioner certificate of completion.

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