

## **BRAINSPOTTING CERTIFICATION**

## SESSION TRACKING FORM

THIS FORM IS FOR CLINICIAN USE ONLY

CLINICIAN'S NAME:		
Type of BSP Used/Clinical Course: Session #: Notes:	Date:	
Type of BSP Used/Clinical Course: Session #: Notes:	Date:	
Client Initials: Type of BSP Used/Clinical Course: Session #: Notes:	Date:	
Type of BSP Used/Clinical Course: Session #:	Date:	
Type of BSP Used/Clinical Course: Session #: Notes:	Date:	
Clinician Signature:		