



Updated October 16th, 2025

NAIO™ Certified Practitioner Training – Application Form

Purpose

This application supports your entry into the NAIO™ Practitioner Certification Training, a professional education in somatic awareness and holistic process work. Your responses are confidential and reviewed only by NAIO™ International (a division of Dione Endeavours LLC) and the Education Director.

Admission is based on readiness, experience, and capacity for self-regulation within interpersonal and group settings, as well as willingness to uphold the NAIO™ Student Handbook, Code of Ethics, and Training Conduct Policy.

Email: training@naioprocess.org | hello@naioprocess.org

1. Personal Information

Full Name: _____

Date of Birth: _____

Gender/Pronouns: _____

Profession: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone (home/work/cell): _____

Email: _____

Next of Kin: _____

Emergency Ccontact & Number: _____

2. Family / Relationship Context

(e.g., partnered, single, caregiving responsibilities)

3. Education & Professional Background

Formal Education (degrees, dates, institutions):

Professional Qualifications (licenses, registrations, associations):

Current Professional Practice (nature of work, client base, years in practice):

Training in Anatomy and Physiology (courses, hours, specialty focus):

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Previous Body-Oriented or Somatic Trainings:

4. Health & Wellbeing Profile

The NAIOTM training engages deep somatic and psychological processes. Please answer honestly.

Current Health (physical and mental):

Current or Past Medications / Substances (prescribed or recreational):

Significant Physical Health History (accidents, surgeries, illnesses):

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History of Emotional or Psychological Challenges (trauma, depression, anxiety, hospitalization):

Current or Past Therapy / Support Modalities (as client):

5. Physical & Mental Health Survey and Support Agreement

Purpose and Rationale

The NAIOTM Practitioner Certification Training is a professional somatic education program that can evoke profound physical, emotional, and developmental processes. To maintain a safe and supportive environment for all, applicants are asked to share relevant health and wellbeing information.

All information is confidential and used solely for educational assessment and student support. NAIOTM International and Dione Endeavours LLC do not discriminate on the basis of disability, diagnosis, or health history. While the program may have therapeutic effects, it is not psychotherapy, and faculty members do not serve as personal therapists for students.

If a student requires additional support, NAIOTM International will work with them to identify appropriate professional resources.

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A. Physical Health

- Current conditions or injuries under treatment:

- Healthcare providers (name + contact):

- Allergies: ☐ None ☐ Yes — please list _____

- Medications currently taken (ensure sufficient supply during retreats):

- Past injuries / chronic conditions that could recur or be affected by movement/bodywork:

B. Mental & Emotional Health

- Hospitalization for mental health reasons? ☐ No ☐ Yes — dates / reason:

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- Currently taking medication for mental health support? ☐ No ☐ Yes — list:

- Past use of psychoactive / psychiatric medication? ☐ No ☐ Yes — list:

- Have you experienced (past or present):

- ☐ Severe depression or anxiety
 - ☐ Manic or hypomanic episodes
 - ☐ Suicidal thoughts or self-harm
 - ☐ Paranoia or psychotic episodes
 - ☐ Flashbacks or dissociative episodes
 - ☐ Eating disorder or disordered eating patterns
- (Please elaborate briefly if applicable)*

- Current therapeutic / support resources (therapist, counselor, family, etc.):\

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- Anything else regarding your wellbeing that would help us support your successful participation:

C. Sobriety, Plant Medicine, and Substance Use Policy

Because this training requires embodied presence, regulation, and grounded awareness, students and practitioners are expected to maintain a substance-free and sober state throughout all aspects of the NAIOTM training and professional practice.

1. Sobriety Requirement

- Applicants with a history of addiction must have a minimum of two (2) years of sustained sobriety prior to beginning the NAIOTM training.
- Use of alcohol, recreational drugs, or psychoactive substances (including marijuana, psychedelics, or entheogenic plant medicines) is not permitted during any training, retreat, or supervised practicum, nor when representing oneself as a NAIOTM Practitioner.
- This standard continues after certification when working under the NAIOTM name or within NAIOTM-affiliated practice.

2. Plant Medicine and Psychoactive Substance History

To support ethical clarity and readiness, please respond honestly. Your answers are confidential and used only for safety and assessment.

- Have you ever participated in the use of psychedelic or plant medicines (e.g., ayahuasca, psilocybin, LSD, DMT, San Pedro, microdosing, etc.)?
☐ No ☐ Yes — please specify which: _____

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- When was your most recent use of any such substance?

- Over what time period were these substances used (occasional / sustained / ceremonial context)?

- Approximate duration and frequency of use (e.g., once yearly, weekly microdosing, etc.):

- Do you feel you are currently integrated and substance-free?

☐ Yes ☐ No (please explain): _____

Active or recent use of psychoactive substances, or incomplete integration following use, may require a pause or deferral of training participation until stability and integration are established.

Acknowledgment:

☐ I confirm that I am not currently using psychoactive or plant-based substances and will maintain full sobriety throughout training and NAIOTM professional practice.

Violation of this policy may result in suspension, deferral, or revocation of certification.

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D. Therapeutic Support Requirement

All trainees are required to complete a minimum of 30 hours of personal therapy over the course of the training with a licensed or registered mental health professional, such as a:

- Psychologist, Psychotherapist, Somatic Psychologist, Clinical Social Worker, Mental Health Counselor, or Psychiatrist.

Therapy must occur outside the NAIOTM faculty to maintain professional and ethical boundaries. Accepted modalities include psychotherapy, somatic psychology, depth psychology, or other licensed therapeutic mental health practices that support self-awareness, emotional regulation, and practitioner development.

Verification (a brief signed statement or session log) is required prior to certification.

☐ I understand and agree to complete at least 30 hours of personal therapy with a licensed or registered mental health professional and to provide verification upon request.

E. Stability and Deferral Clause

If, in the professional judgment of the Education Director or Faculty, a student's wellbeing, health, or psychological stability is significantly impacted, NAIOTM International may:

- Recommend or require additional professional support before continuing;
- Temporarily pause or defer participation until stability is restored; or
- Adjust the student's training timeline to ensure safety and integration.

These measures are taken with care and respect for the individual and the collective learning environment.

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F. Student Meetings and Support

All students will meet with the Education Director or Program Coordinator to discuss support needs and wellbeing considerations affecting participation. These meetings are a standard aspect of the training process.

6. Motivation and Intent

Why would you like to undertake this training?

What do you hope to learn and how do you intend to apply this work professionally?

7. Personal Reflection Statement (Required)

Attach a 2–4-page reflection addressing:

- What draws you to embodied awareness and somatic education at this time.
- How you engage your own process and self-regulation.
- How you relate to emotional intensity and feedback.
- What you bring to a learning community and your growth edges.
- How you plan to support yourself during transformative phases of training.

8. References

List two professional references (name, relationship, email, phone) and attach letters of recommendation or have them sent directly to training@naioprocess.org

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9. Understanding the Practitioner Path

The NAIOTM Practitioner Certification is a professional and personal practitioner pathway. It is designed for individuals committed to long-term personal, professional, and ethical development within an embodied, process-oriented framework.

Students are expected to engage in ongoing self-work, mentorship, and supervised practice, understanding that this field requires sustained reflection, maturity, and integrity.

Certification as a NAIOTM Practitioner represents readiness to offer educational and awareness-based services—not a license in psychotherapy, medical care, or any state-regulated health profession.

Participation in this program is not a “quick-fix” business or career shortcut. It requires time, dedication, humility, and continued development well beyond initial certification.

Trainees are expected to cultivate themselves as practitioners while maintaining grounded, realistic expectations about building a professional practice. The NAIOTM approach emphasizes service, embodiment, and ethical professionalism, rather than commercial expansion or the commodification of healing work.

☐ I understand that the NAIOTM Practitioner pathway involves lifelong personal and professional growth, with grounded and ethical development of practice, and is not a business or therapy license program.

10. Applicant Agreement

By signing below, I acknowledge and agree that:

1. I have read and understood the NAIOTM Student Handbook, Training Conduct Policy, and Code of Ethics, and will uphold them throughout my participation.
2. I understand that the training is not a substitute for therapy or medical care and agree to seek appropriate support as needed.
3. I agree to maintain sobriety and non-use of substances or plant medicines during all training activities and professional representation.

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4. I understand that all required personal therapy must be completed with licensed or registered mental health professionals as defined above.
5. I understand that this training is a personal practitioner path requiring ongoing self and professional development, not a quick business or employment solution.
6. I consent to confidential review of my application and understand that admission does not guarantee certification.
7. I accept that continuation in the program depends upon satisfactory progress, ethical behavior, and professional readiness.
8. I understand that NAIOTM International may recommend additional support or pause my participation if required for safety or stability.
9. I agree to honor all intellectual property rights of NAIOTM, and that the NAIOTM name and process are trademarked and licensed to Dione Endeavours LLC under Prue Jeffries.

Applicant Name (print): _____

Signature: _____ Date: _____

11. Personal Responsibility & Readiness Acknowledgment

Due to the depth of the work within the NAIOTM training, it is natural that aspects of your personal process may arise during the course of study. While this is recognized as a meaningful and integral part of embodied education, the training is not a personal therapy or group process workshop. It is a professional practitioner development program.

Students are expected to take responsibility for their wellbeing and maintain appropriate support outside of class time. You are required to:

- Be familiar with your own personal process and limits.
- Have external therapeutic or medical resources available for support as needed.

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- Engage in self-care and seek appropriate professional help if health or emotional conditions become activated or destabilizing.

If your personal or health situation results in ongoing instability that impacts your capacity to participate, practice safely, or maintain professional standards, you acknowledge that:

- You may be denied enrollment or asked to pause or leave the training in order to seek appropriate care.
- This decision may be made by the Education Director in the interest of safety, ethical standards, and group wellbeing.

By signing below, you acknowledge that you have adequate professional support available, and you agree to seek additional medical or psychological care if necessary throughout the training.

You also acknowledge that the NAIOTM Practitioner Certification Training is for professional education and is not a substitute for therapy or medical care.

Submitting this application and paying the non-refundable application fee does not guarantee acceptance into the program.

Admission is confirmed only after review and written approval by the Education Director.

Applicant Name (print): _____

Signature: _____ **Date:** _____

11. Submission

Email the completed application, personal reflection, and references to: **training@naioprocess.org** or submit via www.naioprocess.org

A non-refundable application fee of \$300 is due upon submission. Admission is confirmed only after review and notification from the Education Director.

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