

**ACKNOWLEDGEMENT AND CONSENT FORM FOR CLINICIANS IN CMI TRAINING  
PRACTICUM**

The Clinical Application portion of the Critical Memory Integration (CMI™) Nexus Training involves participating in CMI™ as an experiential therapy from the perspectives of a client and clinician. The CMI™ Training Team will apportion trainees into small groups and accompany the groups, remaining available as a guide throughout the practicum process.

To successfully complete the clinical practicum, each trainee will experience roles as a “clinician” and a “client” during the practicum sessions. As an experience, working with unresolved memories could lead to a more profound practicum experience than you anticipated. However, during your practice session, you will be given the tools to move you toward a more cohesive and integrated personal narrative, similar to what your clients will experience in a CMI™ session. The experienced CMI™ clinician will assist as needed to guide you through this process.

The benefit from this practicum portion of the training is invaluable. If you decline to participate in a role (clinician or client), you may not have the opportunity to experience the other role during the practicum. This lost opportunity is due to the rotation format requiring trainees to practice in each role. If unable to complete both roles satisfactorily as evaluated by your trainer as an observed “clinician” and “client,” you may be required to attend and complete another Clinical Application within 60 days at no additional cost.

CMI™ carries the same clinical concerns as other trauma-focused therapies. Any pertinent medical conditions, such as a history of cardiac or respiratory disease, cerebrovascular disease, seizure disorder, or possibly pregnancy, may increase risk during high emotional/abreaction states. Although none of these are absolute, contraindications, caution, and consultation with appropriate medical professionals are advised.

In an emergency, ARISE Alliance Institute, Inc. will utilize the emergency contact you provided on your registration form.

By my signature on the Acknowledgement and Consent form, I acknowledge and consent to participating in CMI™ Clinical Applications practicum exercises with ARISE Alliance Institute, Inc. My signature on this Acknowledgement and Consent form is free from pressure or influence from any person or entity.

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Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

*Kelly Bustin*

Witness

**Kelly Bustin**

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Printed Name