



SMART Certification for Healthcare Practitioners Application

For clinicians seeking certification in the Stress Management and Resiliency Training (SMART) Program. Certified practitioners will be able to offer the SMART program to patients and study its efficacy in clinical populations.

APPLICANT'S INFORMATION

☐ Mr. ☐ Ms.

Name _____

Street Address _____

City _____ State ____ Postal Code _____

Email _____

Business/Home Phone # _____

Cell # _____

Degree (s) _____

Profession/Title _____

Please list professional healthcare licenses that you currently hold:



Certification Requirements

Requirement #1 – CME training

- ☐ I attended a live BHI CME at Harvard Medical School on _____
date
- ☐ I participated in BHI online CMEs through the MGH Psychiatry Academy
- ☐ Stress and the Relaxation Response _____
date
 - ☐ Using Mind Body Techniques in Clinical Practice _____
date
 - ☐ Building Resiliency through Cognitive Reappraisal _____
date
- ☐ Yet to be completed
-

Requirement #2 – Completion of an 8-Session SMART Program

I participated in a SMART Program

- ☐ at BHI ☐ online

Dates completed _____

- ☐ Yet to be completed
-

Requirement #3 - 2-Day SMART Implementation Training

I participated in an Implementation Training

- ☐ at BHI ☐ online

Dates completed _____

- ☐ Yet to be completed ☐ Dietary restrictions _____

Requirement #4 – Competency Exam

- ☐ Successful demonstration of core knowledge on a competency exam on

_____ *Date*

- ☐ Yet to be completed

Requirement #5 – Mentorship

- ☐ Completed mentorship with _____ on _____
BHI Clinician *Date*

- ☐ Yet to be completed

*Thank you for your interest in the Benson-Henry Institute's Certification Program.
Please complete this form, save a copy and email it to sssethi@mgb.org*

www.bensonhenryinstitute.org



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