



Name _____



PATHOLOGIES (PC)

PRACTITIONER CORE PHYSIOLOGY & PATHOPHYSIOLOGICAL HEALING REQUIREMENTS

To qualify for "PC" certification complete the following five (5) steps:

Part 1 - Learn the material

Attend two (2) live PC1 and PC2 (Module 3 parts A & B) seminars. Online equivalents may be substituted ([PC1](#), [PC2](#), & [Pathophysiological - Intensive](#) - OR - [the complete Pathophysiological \(Pathophysilogist\) certification bundle](#)).

All PC-related Online Training Courses	All PC-related Events

Part 2 - Deliver TBM care

Complete the following techniques/protocols on at least one client:

- Metal Homeostasis Session
- Body Composition Optimization
- Gall Bladder – Biliary Stones
- DOID/DDS with 90-day supplementation
- 16.6 Sugar Control Technique
- Chronic Infection (Body Points, vials, nutritionals)
- Medications Session
- Neurological Repair I (Brain XYZ)
- Flu Technique
- Vital Scan (5)

Client Name/ID	Technique	Date	Signature/Initials of Client
	Metal Homeostasis Session		
	Body Composition Optimization		
	Gall Bladder – Biliary Stones		
	DOID/DDS with 90-day supplementation		

	16.6 Sugar Control Technique		
	Chronic Infection (Body Points, vials, nutritional)		
	Medications Session		
	Neurological Repair I (Brain XYZ)		
	Flu Technique		
	Vital Scan		
	Vital Scan		
	Vital Scan		
	Vital Scan		
	Vital Scan		

Part 3 - Receive the Vital Scan

Have the [Vital Scan](#) checked on you over at least five (5) attunement sessions.

Vital Scan Dates

Part 4 - Write Case Reviews

Write 5 case reviews on patients you have treated utilizing the knowledge from PC1 & PC2/Module 3. Each case study must include the following information.

1. Presenting symptomatology.
2. The significant diagnostic findings – physical exams, laboratory tests, imaging studies. These findings may be conducted by the provider themselves, or from the patient’s previous history.
3. Three (3) clinically significant contributions that came out of the basics (e.g. patient was hypo-hydrated, there was a significant emotional component, patient had dental amalgams that were neutralized, etc.).
4. Three (3) significant contributions from the PC1 & PC2/Module 3 material.
5. Use of supporting nutritional.
6. The symptomatological (Sx) and diagnostic (Dx) outcome.

TBM

Case Review #1

Presenting Symptomatology

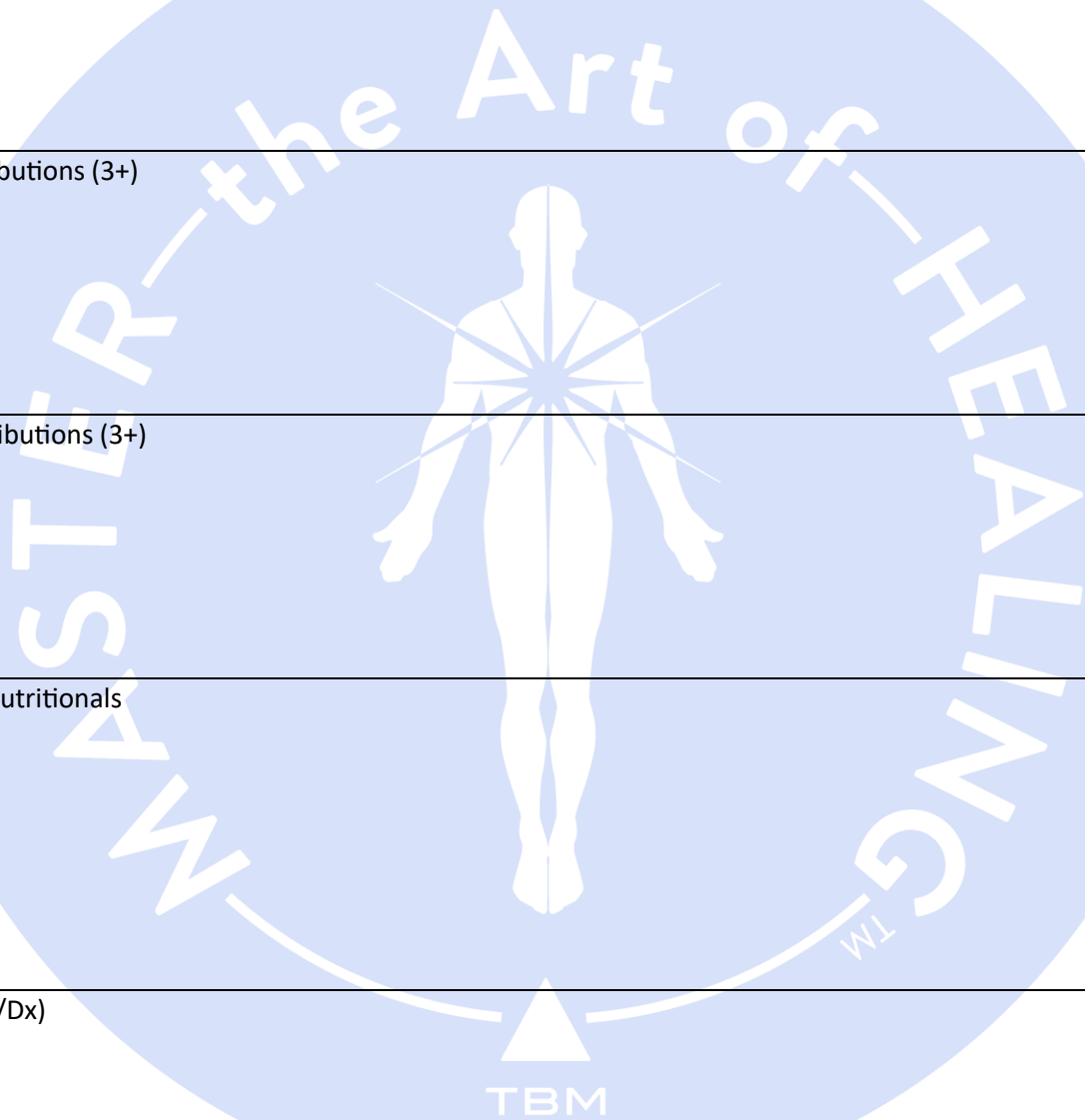
Significant Diagnostic Findings

Basics Contributions (3+)

PC1&2 Contributions (3+)

Supporting Nutritional

Outcome (Sx/Dx)



Case Review #2

Presenting Symptomatology

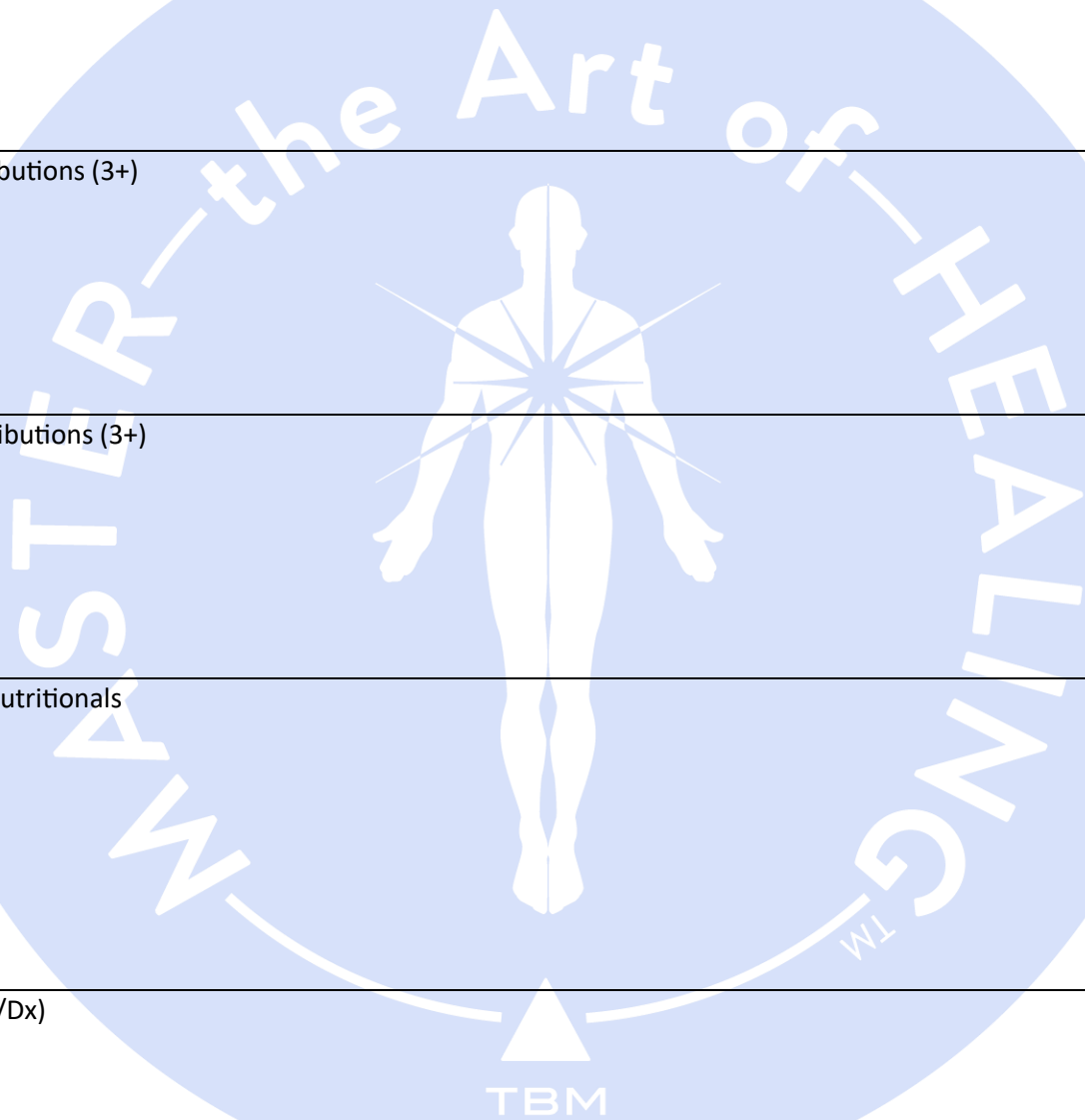
Significant Diagnostic Findings

Basics Contributions (3+)

PC1&2 Contributions (3+)

Supporting Nutritional

Outcome (Sx/Dx)



Case Review #3

Presenting Symptomatology

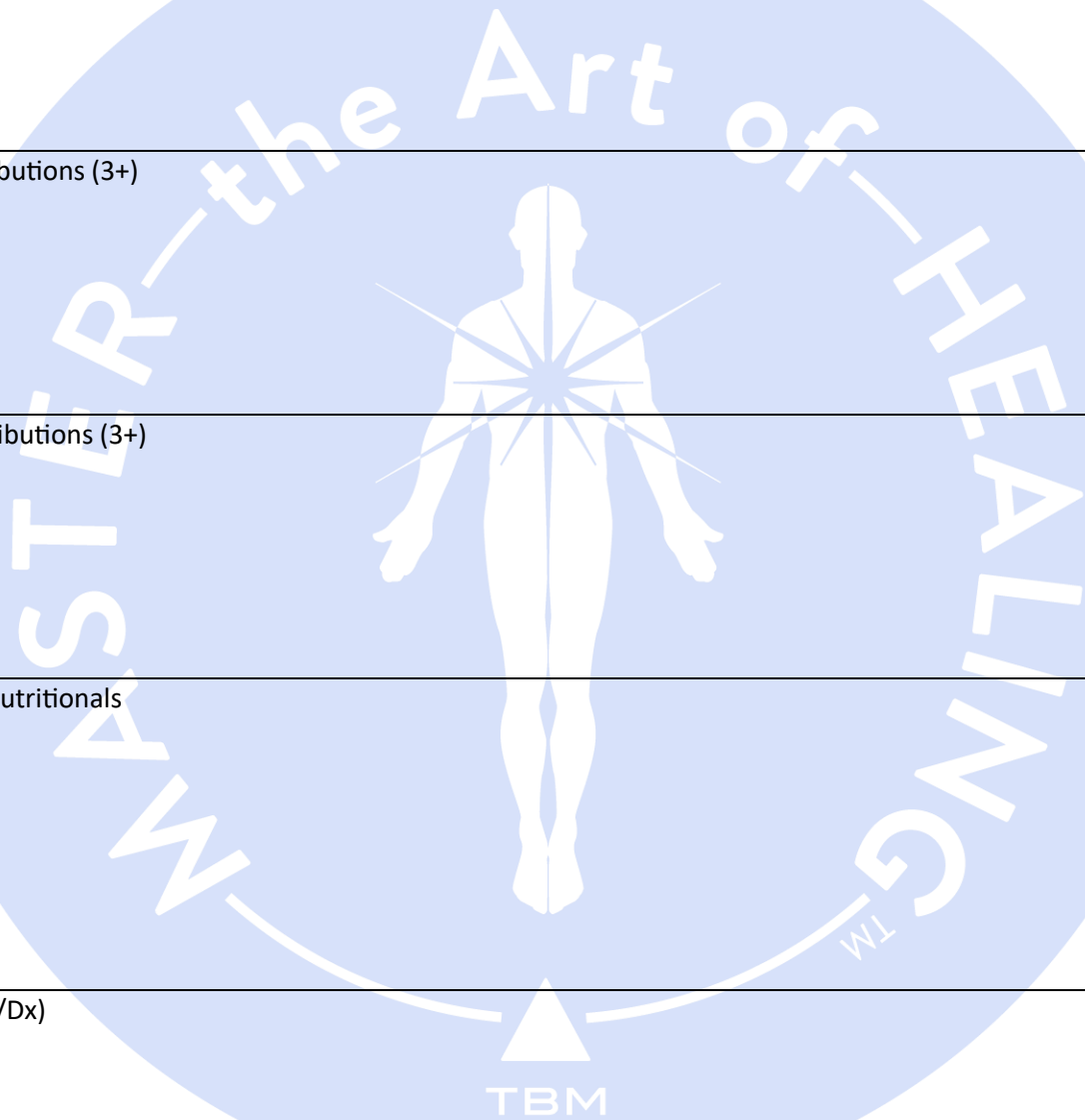
Significant Diagnostic Findings

Basics Contributions (3+)

PC1&2 Contributions (3+)

Supporting Nutritional

Outcome (Sx/Dx)



Case Review #4

Presenting Symptomatology

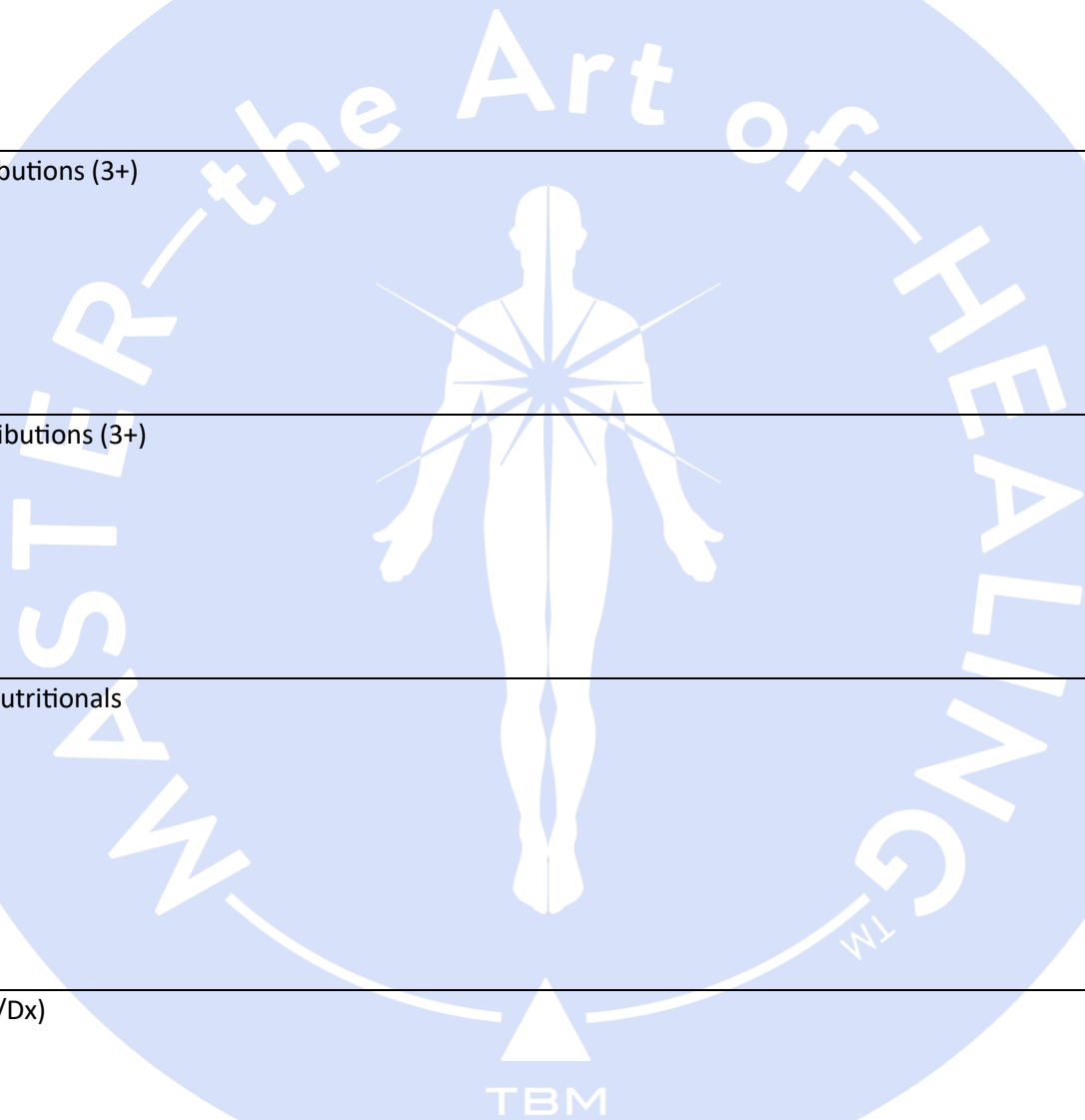
Significant Diagnostic Findings

Basics Contributions (3+)

PC1&2 Contributions (3+)

Supporting Nutritional

Outcome (Sx/Dx)



Case Review #5

Presenting Symptomatology

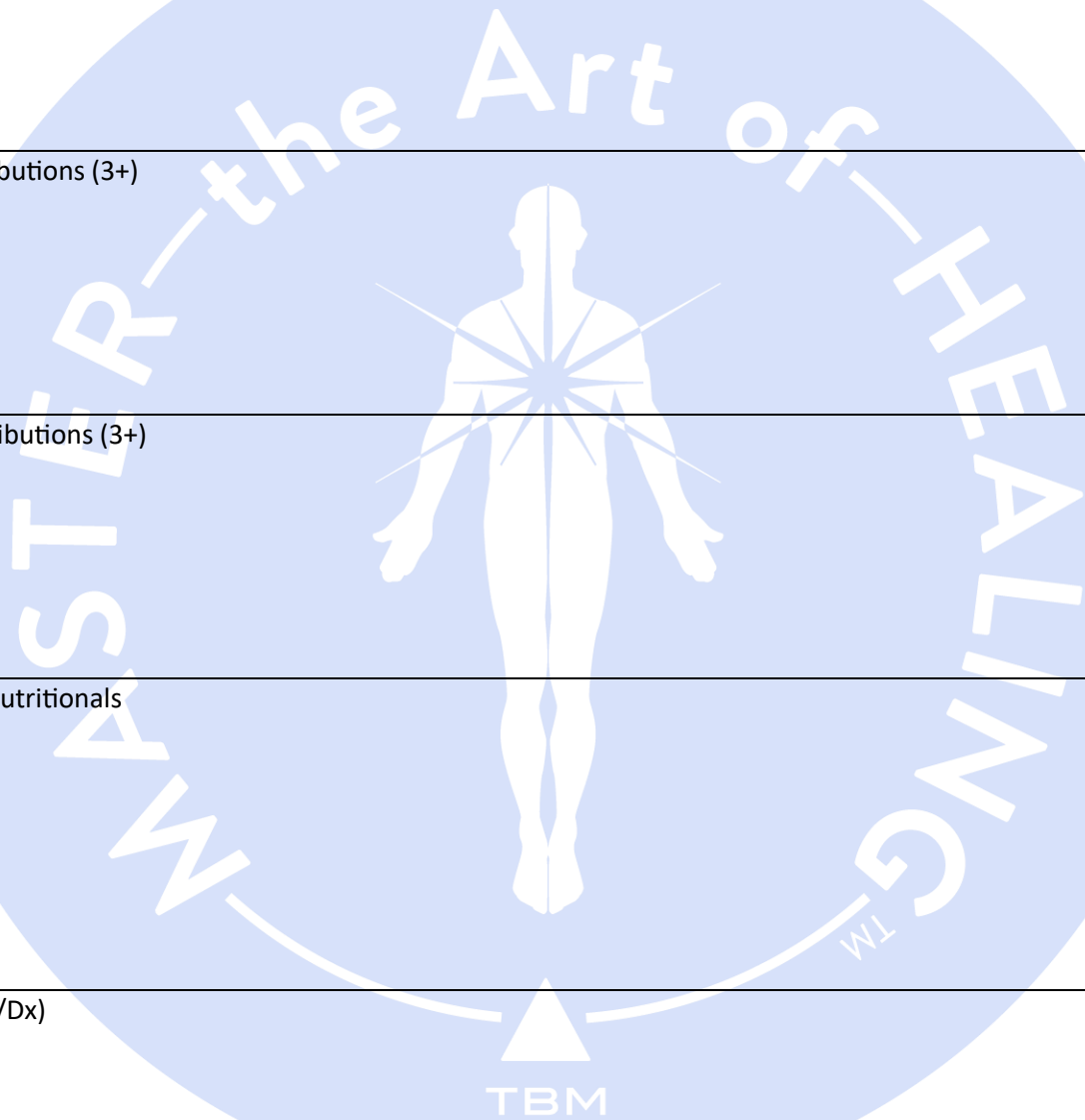
Significant Diagnostic Findings

Basics Contributions (3+)

PC1&2 Contributions (3+)

Supporting Nutritional

Outcome (Sx/Dx)



Part 5 - Submit your documentation

Purchase [Core Physiology & Pathophysiological Healing Practitioner Certification \(Module 3\)](#), this is included in [the complete Pathophysiological \(Pathophysiologist\) certification bundle](#), on [livetbm.com](#). Then email a copy of the records demonstrating completion of requirements to principal@tbmseminars.com.

Upon successful completion of these requirements, you will receive the certification below as an emailed document which you may print and display. You will also be listed as a certified practitioner on TBM's practitioner directory, and you will be eligible for participation in "certified practitioner only" features on our website.

Email the following items to principal@tbmseminars.com: Facsimile of this document (once signed)

I certify that all above items have been completed as described.

Signature _____

Date _____

