



estill voice

TRAINING[®]



STUDY GUIDE

(Updated December 2023)

EFP STUDY GUIDE

Studying for the EFP exam elevates your practice and mastery of the Estill Voice Training® Level 1 & 2 exercises to a whole new level.

Start your journey with the most recent edition of the [Estill Voice Training Certification Manual](#) and read the [Estill Figure Proficiency \(EFP\) Certification](#) section closely. The [Certification at a Glance](#) is also a helpful resource and is translated into several languages.

Figure Proficiency is gained through focused deliberate practice of all Figures for Voice Control™ in both Level 1 & 2 Courses. Note that it may be necessary to work through these courses more than once or receive private training from an EMT or EMCI to develop the proficiency required to become an EFP. Per EVI policy, all coaching fees payable to EMTs and EMCIs should be clearly communicated in advance and throughout the process. The EFP applicant is required to purchase [Estill Voiceprint Plus™](#) (EVPP) to prepare for the examination and become proficient in practice, storing and saving an EFP protocol inventory.

Practicing each part of a Figure Exercise on at least 5 vowels, through a wide range of pitches, and with different Body-Cover options, as indicated, will help you prepare for the Estill Voiceprint Plus EFP Protocol. Do not forget to practice your [Hand Signals!](#)

Know your Attractor States:

Your Attractor States in speaking and singing can make isolation of options and consistency of the vowels sounds required in the protocol easy or difficult. Work through the Attractor State Sheet from the Level 1 Course (attached) for more awareness of your Attractor States and to encourage consistency throughout each task. Notice if the Attractor State of your language or dialect includes the monophthongs from the International Phonetic Alphabet / i, a, u / that are required in the Voiceprint protocol. If not, practice conscientiously and in coordination with your EMCI Mentor or EMT Trainer so that your vowels remain stable and consistent throughout each task.

Examination:

EFP candidates will be asked to record all 26 tasks in the **EFP Voiceprint Protocol** on pitches of their choice while using Hand Signals. Pitches may vary from task to task, but not within a task. Estill Quality scales may ascend or descend. The Estill Siren task must include glides spanning at least 1.5 octaves, moving up and down, or down and up. The Siren can start and end at any pitch. Examinees are given as much time as needed to complete 3 trials of each task. A wellprepared applicant can complete the EFP Voiceprint Protocol with Hand Signals in 1-2 hours.

A copy of the EFP Protocol appears in the pages that follow. Commentary addresses the evaluation criteria used during testing. Remember that this process focuses on the mechanics of the voice, not demonstrations of artistry.

Review the Key to Symbols that appears before the EFP Protocol chart and use the Voice Example files from EVPP to clarify what you are expected to do in each task. Extra samples may be found in your Pre-EFP resources at estillvoice.com. Remember, these recordings are

examples, and are not meant to be the only way a candidate may pass the task. Pitch, voice quality, and Effort will vary from candidate to candidate.

Most options in the EFP Protocol are separated by pauses, giving you a chance to prepare for what is coming next. Remember, “muscle activity begins before the voice is heard” (Jo Estill). Monitor your preparation and pre-phonatory Effort. Locate the Effort, assign a number, produce the sound, and hold the Effort until the end of the task. Sustain each vowel for at least a half second.

You will have three attempts to produce each task successfully. If a technical problem arises with sound levels, ambient noise, or internet connection in online exams, your examiner is permitted to give you additional trials.

Each task will be assessed as “meets expectations,” or “not yet”. If a second examination session is required, only the “not yet” tasks will be included.

“Everyone has a beautiful voice” (Jo Estill). This process should empower you to reveal more beauty in yours. Since Jo Estill also believed that knowledge is power, here are a few words about our standards and expectations:

Expectations for Voice Control:

In all but one task (Siren), you will be asked to control options on 3 vowels / i, a, u /. The Estill Siren is performed on / ŋ / using the High Tongue option associated with / i /.

In some tasks, this will be isolated control of the options in one structure at one pitch while other structures remain stable. To highlight the changes in voice quality associated with the options available in one structure, you may need to direct Effort to some or all other structures so that they remain constant (unchanged).

In other tasks, you will be asked to demonstrate coordinated control of a specific set of options as they are combined in a “recipe” and moved through a range of pitches, in scale steps or in pitch glides. Remember that your goal here is Jo Estill’s “Natural Scale” (Mechanics), not a “Nurtured Scale” (Aesthetics): consistent control of the options in these “recipes” may not result in consistent intensity through a scale. Monitor your Attractor State closely.

Helpful Hints:

In general, begin with a medium to low Effort number on the Onset and use one Body-Cover Option per task. Many structures *influence* Body-Cover, but Body-Cover should not shift in the middle of a task. For example, in the Thyroid Cartilage tasks, Thick folds might be “thinned” with Thyroid Tilt, but not converted to the Thin folds you would use in the Siren task.

EVT biases, informed by Craft and vocal health, suggest that FVF Retract and High Tongue - or even H & N Anchor - might be useful options to sustain in tasks where other structures are featured. If you want to use FVF Retract throughout tasks that do not specifically call for Mid or Constrict FVF, take care not to add Thyroid Tilt, Vibrato, or Low Larynx as well.

EFP Protocol Preparation Sheet:

Key to Symbols in EFP Voiceprint Testing Protocol Tasks:

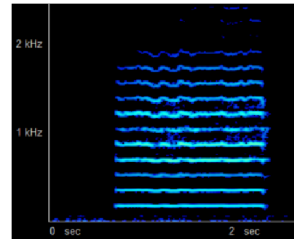
- → = continue without a pause
- || = insert a pause between tasks
- **i a u** = the specific vowels represented in the IPA as / i, a, u /
- / ŋ / = IPA for „ng“
- ~ (over vowel) = with Mid Velum

Abbreviations in Guidelines & Notes:

W = Waveform/Signal in EVPP display






S = Spectrogram/Harmonics in EVPP display








Other EFP Protocol Instructions:

- Applicants may choose a different pitch for every task.
- Each option (or scale step) should be sustained for at least 0.5 second.
- Estill Siren is performed on / ŋ / and can start and end at any pitch, going up or down, as long as the minimum range requirement, 1.5 octaves, is met.
- Estill Quality scales may be sung in ascending or descending order.
- The presence of vibrato on certain tasks requiring high effort, muscular antagonism, or extreme thyroid tilt and FVF retract may be acceptable and is at the discretion of the EMCI tester. Vibrato should not be present throughout the exam due to a trained aesthetic in the candidate's Attractor State.
- Applicant does not view screen during testing nor make recordings for themselves. Review all remote and on location testing guidelines with your Mentor.

File	Voiceprint Task	Guidelines & Notes	Pitch
True Vocal Fold Onset/Offset		Any Body-Cover (B-C) is accepted. B-C may change from task to task, but not within a task. Attend to breath noise and alignment of waveform (W) and harmonics in spectrogram (S).	
1	Glottal on i a u	No noise before/after perpendicular alignment of W and S	
2	Aspirate-abrupt on i a u	Breath noise before/after perpendicular alignment of W and S	
3	Aspirate-gradual on i a u	Breath noise before/after sloping (< >) alignment of W & S	
4	Smooth on i a u	No breath noise before/after sloping (< >) alignment of W & S	
False Vocal Folds		Look for "Some Most Least" inter-harmonic noise in S; use High Tongue for stability & consistent vowels; use one B-C, Thyroid Cartilage, and Larynx option throughout.	
5	Mid Constrict Retract on i a u		
True Vocal Folds Body-Cover		Use Vertical Thyroid to highlight contrast between options. Facilitating Onsets are permitted but not required.	
6	Slack Thick Thin Stiff on i		
7	Slack Thick Thin Stiff on a		
8	Slack Thick Thin Stiff on u		
Thyroid Cartilage		Use one B-C option throughout to highlight changes associated with Thyroid options. Tilt should decrease interharmonic noise in S.	
9	Vertical Tilt on i a u		
Estill Siren / η / (Larynx moves ↓↑ as pitch changes)			
10	Demonstrate Estill Siren through at least a 1.5 octave range		
Cricoid Cartilage		Use Thick B-C and stabilize vertical Thyroid Cartilage. Cricoid Tilt may be embedded in a Belt "recipe" variation.	
11	Vertical Tilt on i a u		
AES		Use one B-C option, Retract FVF; stabilize Thyroid Cartilage, Tongue, & Larynx options to highlight changes associated with AES options.	
12	Wide Narrow on ĩ ã õ (all vowels with Mid Velum)		
Larynx		Use one B-C option to highlight changes associated with Larynx options. Use High Tongue to stabilize vowel identity.	

13	High Mid Low on i a u		
Velum		Use one B-C option and Larynx option to highlight changes associated with Velum options. Use High Tongue to stabilize vowel identity.	
14	Low Mid High on i a u		
Tongue		Use one B-C option and Larynx option to highlight changes associated with Tongue options.	
15	High Mid Low on i a u		
Jaw		Use one B-C option and Larynx option to highlight changes associated with Jaw options. Use High Tongue to stabilize vowel identity.	
16	Forward Mid Back Drop on i a u		
Lips		Use one B-C option and Larynx option to highlight changes associated with Lip options. Use High Tongue to stabilize vowel identity.	
17	Protrude Mid Spread on i a u		
Head & Neck		Retract FVF, use High Tongue, and monitor Larynx option throughout – a small change in sound intensity with Anchor is permitted but not required.	
18	Relax Anchor on i a u		
Torso		Retract FVF, use High Tongue, and monitor Larynx option and Effort in Power throughout – a small change in sound intensity with Anchor is permitted but not required.	
19	Relax Anchor on i a u		
ESTILL SPEECH		Upper pitches reflect decrease in W & S intensity - Power spectrum shows negative spectral slope. 	
20	i→a→u on each step of an 8ve Major scale		
ESTILL FALSETTO		Breath noise/Interharmonic noise present in S with very little intensity above the first formant; Power Spectrum shows negative spectral slope. 	
21	i→a→u on each step of an 8ve Major scale		

		<p>Very few upper harmonics in S along with no presence of interharmonic noise; Small less intense W; Power Spectrum shows extreme negative spectral slope.</p> 
22	i→a→u on each step of an 8ve Major scale	
		<p>Intensity prevalent and consistent between 2-4kHz throughout scale - larger W, brighter S; Power spectrum may show positive spectral slope.</p> 
23	i→a→u on each step of an 8ve Major scale	
		<p>Intensity prevalent and consistent between 2-4kHz throughout scale - larger W, brighter S; Power spectrum may show positive spectral slope.</p> 
24	i→a→u on each step of an 8ve Major scale	
		<p>High intensity prevalent and consistent in frequencies in S including between 2-4kHz throughout scale; Large W throughout scale; Power spectrum shows several areas of high amplitude in spectral peaks.</p> 
25	i→a→u on each step of an 8ve Major scale	
		<p>High intensity prevalent and consistent in frequencies in S including between 2-4kHz throughout scale; Large W throughout scale; Power spectrum shows several areas of high amplitude in spectral peaks, especially in high partials.</p> 
26	i→a→u on each step of an 8ve Major scale	



SPEAKING

	TVF On/Offs		FVF		TVF Body-Cover		THY		CRI		AES		LARYNX					
Glottal	Aspirate	Smooth	Constrict	Mid	Retract	Slack	Thick	Thin	Stiff	Vertical	Tilt	Vertical	Tilt	Wide	Narrow	Low	Mid	High

	TONGUE		VELUM		JAW		LIPS		H&N		TOR				
Low	Mid	High	Low	Mid	High	Forward	Mid	Back	Drop	Protrude	Spread	Relax	Anchor	Relax	Anchor

SINGING

	TVF On/Offs		FVF		TVF Body-Cover		THY		CRI		AES		LARYNX					
Glottal	Aspirate	Smooth	Constrict	Mid	Retract	Slack	Thick	Thin	Stiff	Vertical	Tilt	Vertical	Tilt	Wide	Narrow	Low	Mid	High

	TONGUE		VELUM		JAW		LIPS		H&N		TOR				
Low	Mid	High	Low	Mid	High	Forward	Mid	Back	Drop	Protrude	Spread	Relax	Anchor	Relax	Anchor

