

ENERGYTOUCH® SCHOOL OF ADVANCED HEALING

P.O. Box 158, Lowell, MI 49331 - PHONE: 616-233-3001 - EMAIL INFO@ENERGYTOUCHSCHOOL.COM

GRADUATES Application Form – Year-Three Certification Program

To assure timely processing of your application, please type or print clearly, make sure you answer all questions, and submit copies and photos as requested.

APPLICATION FEE: There is no fee for this application.

LIMITED CLASS SIZE: Students will be interviewed and selections made as applications are received. Applications postmarked by **April 1, 2017**, will receive priority consideration for this School Year. Applications postmarked after that date will be considered as space allows.

Year-Three Schedule
(For 2YR Graduates)

Wk 1	APR 24 - 27
Wk 2	JUN 26 - 29
Wk 3	AUG 21 - 25
Wk 4	OCT 30 - NOV 02
Wk 5	DEC 04 - 07

Name: _____ **Birth:** ____/____/____
FIRST MIDDLE LAST DAY MONTH YEAR

Address: _____
STREET CITY STATE/PROV CODE

Telephone (include Area Code or Country/City Codes as applicable)

(HOME) _____

(CELL) _____

(WORK) _____

Email: _____

Current Occupation: _____

Other Energy Training Programs?: _____

Relationship Status

Single Married Significant Relationship

Children?: _____

Emergency Contact

Name: _____

Phone: _____

Include Area Code or Country/City Codes as applicable

Health Status: Please list any new health issues that you are receiving treatment for, or changes in past health conditions that were listed on your previous application.

Medications & Conditions: Please list any medications that you are currently taking and for what condition they are being taken.

Medication

Condition

Submit the original copy of this application and retain a copy for your personal records.

Include a personal photo taken within the past 6 months with this application

My signature indicates that the information submitted in this application is true and accurate.

Applicant's Signature: _____ **Date:** _____

You will be notified regarding your acceptance into the EnergyTouch Certification Program via postal mail.

Please make a copy of this application for your records

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Therapy and Self Care Requirement

EnergyTouch® training is a time of intense energy transition and learning. This therapy and self care requirement is designed to insure that each student is making a conscious effort to address the additional challenges that often develop during the course of this training, and to facilitate a healthy balance of mental, emotional, and physical health during these times.

1. Professional EnergyTouch® Therapy

Ongoing participation in the EnergyTouch® School of Advanced Healing requires students to complete one (1) Professional EnergyTouch® Therapy session per month with an authorized EnergyTouch® Practitioner. A student rate of \$90.00 per session has been established. The purpose of these monthly EnergyTouch® sessions is to provide a safe setting where students can privately address issues and challenges that arise in the process of their growth. There may be times when students need additional support to process these issues. If this is the case recommendations will be made.

During the third year, April through December 2017 students are required to have one (1) Professional EnergyTouch® session per month.

2. Personal Self Care

In addition to the Professional EnergyTouch® Therapy session, students are required to focus their attention on their unique physical needs to facilitate a healthy balance of mental, emotional, and physical health during these times of energy transition. Since students may have different needs at different times the self care requirement could include any other form of self care such as body work, exercise, yoga, martial arts, nutrition, etc.

Satisfactory compliance with the Professional EnergyTouch Therapy and Personal Self Care requirement is required to advance in the EnergyTouch® program.

Please Sign Your Name

Date

Please Print Your Name

Participation Agreement

I am participating in an EnergyTouch® program or programs which includes but is not limited to the Dolphin Breath® Workshop, EnergyTouch® Basics, EnergyTouch® School of Advanced Healing (ETSAH™) (hereinafter called the School) classes and other related activities (herein collectively called the Teachings) offered by EnergyTouch®, Inc.

As a participant in one or more of the above mentioned Teachings I understand and agree that all written, spoken or other materials including artworks which may be presented during the Teachings are the property of EnergyTouch, Inc., and that any videotaping, photographing or copying by any means known either now or in the future of any portion of the Teachings is prohibited by law and protected by copyright. I further agree to not duplicate, disseminate, teach, or freely share in any way, the materials or Teachings of ETSAH™ without the written permission of EnergyTouch®, Inc.

By signing below I am indicating that I have read, understand and agree to abide by the requirements of this document and that I am over 18 years of age. (Participants must be 18 years of age or older)

Please Print Your Name

Date

Please Sign Your Name

Please make a copy of this application for your records

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Tuition Payment Agreement-Please check the appropriate box

Make checks or money order payable to: **EnergyTouch, Inc**
Mail to: **EnergyTouch, PO Box 158, Lowell, MI, 49331-0158**

- \$5,500. Payment in Full** - A discount of \$200 is offered if \$5,500 payment is received by **April 1, 2017**.
- \$5,700. Scheduled Payment Plan** - If you are unable to make payment in full we offer the following interest free scheduled payment agreement. Payments may be made by Check or Money Order (payable to EnergyTouch, Inc.), or by Credit Card or PayPal. To accept the scheduled payment plan, please print and sign your name with today's date below.

I understand that by signing below and returning this application I am agreeing to the payment schedule below, which will come into affect upon my acceptance to the EnergyTouch School of Advanced Healing:

Year Three tuition is \$5,700. Scheduled payments are due as follows:

APR 1, 2016	\$1,700.00	AUG 1, 2016	\$ 500.00
MAY 1, 2016	\$ 500.00	SEP 1, 2016	\$ 500.00
JUN 1, 2016	\$ 500.00	OCT 1, 2016	\$ 500.00
JUL 1, 2016	\$ 500.00	NOV 1, 2016	\$ 500.00
		DEC 1, 2017	\$ 500.00

Print your name

Signature

Date

Payment using a Credit Card

If you choose you may pay using a Credit Card. For security reasons we do not accept printed credit card information.
When your application has been accepted we will begin emailing PayPal digital invoices for credit card payments.
Please be sure to include your email address for these invoices.

Email: _____

Please make a copy of this application for your records