

## 2027 YEAR-ONE

### Student Application Form for Year One of the 3YR Certification Program

To ensure the timely processing of your application, please type or print clearly, answer all questions and submit all required copies and photos.

**APPLICATION FEE:** This submission must include a separate, non-refundable check for \$150 payable to EnergyTouch, Inc.

**LIMITED CLASS SIZE:** Year-One class size is limited. We encourage you to apply as soon as you have completed your EnergyTouch Basics class.

Schedule - Year-One	
Wk 1	MAY 03 - 07
Wk 2	JUL 12 - 16
Wk 3	SEP 13 - 17
Wk 4	NOV 01 - 05

**Name:** \_\_\_\_\_ **Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
FIRST MIDDLE LAST MONTH DAY YEAR

**Address:** \_\_\_\_\_  
STREET CITY STATE/PROV CODE

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

(HOME) \_\_\_\_\_

(CELL) \_\_\_\_\_

(WORK) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Current Occupation:** \_\_\_\_\_

**Energy Training Programs?:** \_\_\_\_\_

**Relationship Status**

Single    Married    Significant Relationship

Children?: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Include Area Code or Country/City Codes as applicable

**Anatomy & Physiology Requirement:** A general understanding of Anatomy & Physiology is required prior to advancement to Year-Two. College level, on-line courses, etc., are acceptable. Have you taken an Anatomy & Physiology course?    **YES**    **No**

**Education Status:** Please list all education, training, certifications, and degrees - If using abbreviations for degrees or certifications please include a description that explains the abbreviation(s). **It is highly recommended that you complete any training that you may be receiving prior to enrollment in the EnergyTouch® School of Advanced Healing.**

(include a copy of any diplomas, certificates with this application)

**Health Status:** Please list any new health issues that you are receiving treatment for.

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

**Medication**

**Condition**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Healing Practice:** If you have a practice utilizing energy healing skills, how many clients do you see on a monthly basis? \_\_\_\_\_

If you don't currently have a healing practice you may skip this section.

**Why** are you interested in learning EnergyTouch® Healing and what value do you think it will add to your practice?

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**Guidance, Your Higherself:** Describe, as best that you can, your experiences working with Guidance during a healing session.

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**Describe** how you prepare yourself before entering a healing session.

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**Describe** what senses you primarily use during a healing session. Have you had previous skills that you are no longer able to access? Have you developed new sensory skills?

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**Submit this original signed copy of this application and retain a copy for your records.**

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

My signature indicates that the information submitted in this application is true and accurate. I have enclosed a separate nonrefundable deposit check in the amount of \$150. as an application fe with this document.

**Applicant's Signature:** \_\_\_\_\_ Date \_\_\_\_\_

You will be notified regarding your acceptance into the EnergyTouch® Certification program via postal mail. If accepted you will also receive an acceptance packet complete with logistics information, Accommodations and required reading.

## 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. The fee for these sessions is \$100 each. 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.

### 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 Print Your Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## 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

\_\_\_\_\_  
Signature

## 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**

**\$4,500 (\$5,700.- \$800. ETBasics Credit - \$200 Full Payment Discount)**

**Payment in Full** - A discount of **\$200** is offered if your **full payment** is received by **MARCH 30, 2026**.

*or*

**\$4,900 (\$5,700.- \$800. ETBasics Credit)**

**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 effect upon my acceptance to the EnergyTouch School of Advanced Healing:**

**2027 Year-One tuition is \$4,900 after the \$800 ET Basics Credit. SEVEN scheduled payments are due as follows:**

Payment Schedule			
MAY 1	\$ 700.00	SEP 1	\$ 700.00
JUN 1	\$ 700.00	OCT 1	\$ 700.00
JUL 1	\$ 700.00	NOV 1	\$ 700.00
AUG 1	\$ 700.00		

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Tuition Payments

**After your application has been accepted** we will begin emailing PayPal digital invoices for tuition payments. These will be sent approximately one week prior to their due dates. Please be sure to include your email address below for these invoices. You may pay by check or money order. Please make your payments payable to: **EnergyTouch, Inc.**

and mail them to: **EnergyTouch, Inc.**  
**PO Box 158**  
**Lowell, MI 49331**

**If you choose you may pay using a Credit Card.**

For security reasons we do not accept or store printed credit card information. Please use the PayPal invoice you receive via email. You do not need to have a PayPal account to pay our invoices with a credit card.

Email: \_\_\_\_\_