

iHealth Hypnotherapy School Student Application 2009-2010

Name:		
Birthday:	Home Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
Email:	Website:	
YOUR BUSINESS/EMPLOYMENT/PROFESSION		
Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		
Clinical Hypnotherapist Training Program: 300 hours @ \$30 per training hour = \$9,000 for the entire program This training qualifies you to take the certification exam with the American Council of Hypnotist Examiners.		
This application is for the 2010 Weekend Program: Friday March 5, 2010 to Sunday July 25, 2010		
Class Meetings: March 5-7; 12-14; 19-21 April 9-11; 16-18; 23-25 May 7-9; 14-16; 21-23 June 4-6; 11-13; 18-20 July 9-11; 16-18; 23-25		
Payment terms can be arranged after you have been accepted. This is an application. After receiving this application we will call you to arrange an interview with Dr. Neill. You are invited to tour our facility or may elect to speak with Dr. Neill over the phone. When Dr. Neill accepts you as a student, you will be sent an enrollment form and invited to enroll in the Clinical Hypnotherapist Training Program. This process helps you be sure that this is a good fit for you to study with us. We have high standards and want to give you the best training for your fees. Thank you for your understanding. Please check one of the following:		
<input type="checkbox"/> I wish to tour the facilities before enrollment. <input type="checkbox"/> I wish to waive touring the facilities before enrollment.		
REFERRED BY:		
Highest Level of Education:		Year:
Other Education or Experience you bring to this practice:		
I believe that in becoming a clinical hypnotherapist I can...		

Signed: _____ Date: _____