

iHealth Center for Integrated Wellness Inc.
iHealth Hypnotherapy School
Application for Enrollment

Name _____
Last First Middle

Address _____
Street or P.O. Box

City State Zip Country

Home phone _____ Cell phone _____ Fax _____

e-mail _____ Web page _____

Male [] Female [] Date of Birth: _____

PLEASE RESPOND TO THE FOLLOWING AS BEST YOU CAN. If not applicable, simply write N/A. College education is not a prerequisite to enrollment. It is helpful for us to know as much about you as possible to determine how we can best help you when you become our student. Please provide as much relevant information as you can.

1. What is your current occupation? (give a brief description of what you do for a living)

2. How long have you been in this occupation? _____ years _____ months

3. What are your hobbies? How do you spend your time when you are not earning a living?

4. What do you consider to be your most significant accomplishment to date?

5. Prior to your current occupation, how did you earn a living? (Please list prior occupations and length of time in them):

6. Please list any experience you have achieved in formal education (summary of formal education: high school; institution/major/degree):

7. Please identify any informal educational experiences you have accomplished (summary of informal education; provider/content/certification or endorsement if applies):

8. Do you have any training specific to hypnosis or hypnotherapy? If so, please list school, instructor, number of hours:

9. Do you have access to a computer? YES [] NO [] Please check one

10. Do you have access to the internet? YES [] NO [] Please check one

11. What are the factors that have influenced your choice to become a hypnotherapist?

12. My friends would describe me as _____

13. My co-workers would describe me as _____

14. My family would describe me as _____

15. Do you believe in a Higher Power? YES [] NO [] Please check one

16. What moved you to choose iHealth Hypnotherapy School for your Professional Training?

17. What do you hope to get from this training in addition to certification?

18. Do you plan to engage in fulltime hypnotherapy practice? YES [] NO [] Please check one

19. How much income do you plan to generate from this new career (estimate per year income)

_____ per year in the first 3 years

_____ per year after that

20. Have you taken any assessments that may add to your profile? (results of any personality or learning styles indexes; such as Myers-Briggs, Kolbe Index, emotional intelligence, etc.)

Please submit completed application form with application fee to:

iHealth Center for Integrated Wellness Inc.
iHealth Hypnotherapy School
301 Main Street, Roanoke, TX 76262

You may also submit your application electronically by sending documents to: ihealthcenter@att.net

Application is complete when submitted with full payment of nonrefundable application fee (\$100). Included in this fee is a one hour interview with faculty. If student is accepted into the school, the application fee is credited to your tuition. You may pay by check, money order or credit card. Please make check payable to **iHealth Center**. If payment is by credit card, please provide information below:

VISA/MASTERCARD (underline one)

NAME on CARD: _____

CARD NUMBER: _____ EXPIRATION DATE: _____

SECURITY CODE: _____ (3 DIGIT CODE ON BACK OF CARD)

TOTAL AMOUNT AUTHORIZED: _____

AUTHORIZING SIGNATURE: _____ DATE: _____

Signature of Applicant: _____ Date: _____