**Student Registration 2016**

Please complete the following application carefully and thoroughly by printing clearly or typing.

Name (For student ID)

Address

Home Phone Number Mobile Number

Email Address

Education

Work Experience

Present Occupation

Volunteer Experience

Memberships/Associations

Have you been convicted of a crime and if so, please explain. Are you on probation?

Please include reasons for wanting to become a Holistic Health Practitioner.

What are your expectations from our programs?

What is your vision for your future?

Is there any other information that is pertinent to applying for the program?

What program are you applying for? (Please check which applies)

One Module

Holistic Health Practitioner (HHP)
Holistic Health Practitioner through Holistic Health Specialist

Module Credit for Certificates/Training

Please submit transcripts and copies of Certificates

Payment options (Please check which applies)

Pay for Module 1

Pay in Full

Monthly payment option with a credit check and approval (additional fee)

When would you like to start the program?

\*\* **Please include a $50 Registration Fee
Check or PayPal payment to** **nancybarneshp@yahoo.com**

**We cannot process your application without the registration fee. By Registering the Applicant acknowledges and agrees to the terms of Registration and Tuition.**

**Respectfully, Nancy Barnes – Director – College of Holistic Health**