**CHH Student Registration**

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

**See Tuition prices on-line or in our Catalog**

Payment options (Please check and fill in which applies)

\_\_\_Pay for Module # \_\_\_\_.

\_\_\_Pay in full $\_\_\_\_\_for Modules # \_\_\_\_\_\_.

\_\_\_Holistic Health Practitioner - Pay in full.

\_\_\_Holistic Health Specialist - Pay in full.

\_\_\_Down payment to start the Monthly payment plan $\_\_\_\_\_
 And Monthly payment of $\_\_\_\_\_ per month.

When would you like to start the program?

**Email Registration to** **nancybarneshp@yahoo.com**

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