



THE INSTITUTE OF HEALING ARTS AND SCIENCES, LLC  
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**SEPTEMBER 2006  
4 YEAR ENERGY MEDICINE PRACTITIONER PROGRAM**

**CONFIDENTIAL STUDENT APPLICATION FOR ADMISSION**

Please include a \$100 non-refundable\* application fee with your application.

**Annual Tuition: \$4,000.00/year**

**Class Dates:** September 8 - 10, October 20 - 22, December 1 - 3, January 19 - 22, March 9 - 11, April 27 - 29

**STUDENT INFORMATION**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name You Would Like on Your Workbook If Different Than Above: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Male  Female  Single  Married  Divorced  Other: \_\_\_\_\_

Check only one category:

White (Non-Hispanic)  Black (Non-Hispanic)  Hispanic (All races)  Asian

American Indian  Other (Please Indicate) \_\_\_\_\_

*IHAS does not discriminate on the basis of race, creed, color, national origin, marital status, sex or sexual orientation.*

**LANGUAGE INFORMATION (NOTE: ALL CLASSES ARE TAUGHT IN ENGLISH)**

Do you speak English fluently?  Yes  No

If no, what is your primary language? \_\_\_\_\_

List other language(s) you are fluent in: \_\_\_\_\_

**EDUCATION/OCCUPATIONAL INFORMATION**

All applicants must have a High School Diploma or a General Equivalency Diploma (GED).

As proof of completion, I have attached a copy of my:

High School Diploma or Transcript  GED Exam  College Diploma or Transcript

Other \_\_\_\_\_

Highest Level of Education Completed (Indicated Type of Diploma/Degree):

Name of Institution: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attended from \_\_\_\_\_ to \_\_\_\_\_

What is your current occupation: \_\_\_\_\_ For how long? \_\_\_\_\_

Have you ever worked in the healthcare field?  Yes  No

List all your experience in the healthcare field: \_\_\_\_\_

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**HEALTH INFORMATION**

List all medications currently being taken or taken within the past 2 years. Please list conditions for which they are / were being taken: \_\_\_\_\_

List present physical problems: \_\_\_\_\_

Have you ever been in psychotherapy?  Yes  No

Have you ever been in group process?  Yes  No

Have you ever been hospitalized and / or treated for psychological difficulties, or has hospitalization or psychological treatment been recommended?  Yes  No

If yes, for what and when? List date(s): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ADDITIONAL QUESTIONS:**

How did you hear about IHAS:  IHAS Student/Graduate  IHAS Teacher  Advertisement  
 Health Fair/Expo  Other: \_\_\_\_\_

What factor or factors influenced your decision to apply to the school: \_\_\_\_\_

What other healing modalities have you studied?

REIKI  Therapeutic Touch  Healing Touch  Consegrity  Reconnection  
 Others \_\_\_\_\_

In a one page essay please answer the following questions:

1. How would you describe yourself?
2. Why are you interested in this program?
3. What do you expect to gain from it?
4. How do you plan to apply what you will learn to your life?

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please print

**FOR INTERNAL OFFICE ONLY**

Date received:

Received by:

Interview date:

Accepted into program:  Yes  No

\* You may cancel this agreement and receive a full refund by notifying IHAS within 3 days of signing the application.