



THE INSTITUTE OF HEALING ARTS AND SCIENCES, LLC
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MARCH 2006
2 YEAR ENERGY MEDICINE CERTIFICATE 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: MARCH 17-19, APRIL 7-9, MAY 19-21, JUNE 9-11, JULY 14-16, AUGUST 4-6, AUGUST 25-27, & OCTOBER 13-15.

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: _____

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.