

The Lotus Flower of Compassion Series©

Plantation on Crystal River

The Home of the Manatees

March 4 – March 9, 2012

APPLICATION – Please Send Now!

Space is Limited

Early Registration Discount Due Date: January 19, 2012

After this date, please call or email us for availability.

INSTRUCTIONS:

Fully answer all the questions below to the best of your ability. All applications will be reviewed and are subject to the approval of the Director. The decision to accept your application to this Program will be strongly influenced by this written information. Additional pages are acceptable. Please type or write legibly with dark ink.

Three Options for Application Submission: 1) Fax to 727-867-8580; 2) By email to IntegratedHCS@gmail.com; 3) By US Postal Mail to Integrated Health Care Systems, Inc., 3945 49th Avenue South, St Petersburg, FL 33711.

For All Program information, go to IHCSonline.com and select “**The Lotus Flower of Compassion Series**” button at top of page.

If any questions, please call Integrated Health Care Systems at 727-867-2666, Voicemail 1#. All applications will be reviewed immediately and notification of acceptance in the Program sent without delay.

**USE ADDITIONAL SHEETS OF PAPER TO COMPLETE YOUR APPLICATION.
IF DESIRED YOU MAY ALSO ATTACH TT FOCUSED RESUME.**

Name

Address

City/State/Zip

Phones (Home) (Work) (Cell)

E-Mail

Fax
Profession
Profession License # and State
Employer
Would You Like Continuing Education Credits?

So that we may anticipate and provide for your needs, it is important for you to indicate whether you have any psychological or physical medical conditions and whether you wish to receive Therapeutic Touch. Please describe any ongoing health conditions you have. (This in no way prejudices your application).

List previous Therapeutic Touch workshops attended. Indicate instructor(s), the length of the workshop and whether it was Basic, Intermediate, Advanced or a Teachers' Seminar. Attach additional sheets if necessary. A TT focused resume may be included if desired.

Describe your professional background or lay health related activities:

List your Interests and any additional activities related to Therapeutic Touch:

List goals regarding your Therapeutic Touch practice and teaching in one year and five years from now, and how do you visualize those goals being achieved?

Do you practice or teach other healing therapies? If so, which ones?

Please evaluate your strengths and weaknesses as related to Teaching and Therapeutic Touch Teaching:

1. What are your personal objectives in participating in The Lotus Flower of Compassion Series Program?
2. Have you taken Teaching Seminars, Teaching Courses or Adult Education Courses previously? If so, what years, with whom and where?
3. What suggestions to enhance your teaching would be most helpful and meaningful to you at this time?
4. If you'd like to brainstorm ideas on how to make this time more meaningful for you, please call Shirley at 727-867-2666, ext 1# or Rebecca at .

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