

Application to the Teleosis Professional Program 2009

Name: _____

Address: _____

City/State/Zip: _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Age____ Sex____ Occupation _____

How did you find out about us? _____

Please answer the following questions on a separate sheet of paper:

1) Please describe your educational background, including general education, years spent in college and graduate or professional programs, all degrees completed, and experience with the healing arts. Attaching a resume is fine. If you have non-traditional experience which you feel qualifies you to practice homeopathy professionally, please feel free to elaborate on it.

2) What are your goals for studying homeopathy?

3) Have you been treated by a classical homeopath? Have you given a homeopathic remedy to yourself or others? *(The answer to these questions will not affect your acceptance, rather it will help us tailor our programs appropriately.)*

4) Please write a paragraph or so on the following questions:

- ◆ Describe an experience in which you learned something effectively. Why did it work well for you? Or a learning experience which didn't work; what would you have done differently?
- ◆ Describe either an especially good or especially bad experience you have had with a health care professional. What would you do differently, or what did you learn from it?

I, the undersigned applicant, have read, understood, and answered the above information to the best of my knowledge. I verify with my signature that the above information is true and correct.

Signature _____ Date _____

Deadline June 30. Please include a non-refundable \$50 application fee.

(Late application fee if there is still space in the class: \$100 in July, \$150 in August, \$175 in September, \$200 in October). Upon acceptance, a \$500 deposit is required to hold a place in the program. Please send application and fee to:

Teleosis School of Homeopathy, 777 Concord Ave., Cambridge, MA 02138