

# Comprehensive Course in Reflexology

## Application Form

### Personal Information:

1. First Name: \_\_\_\_\_ Last Name \_\_\_\_\_
2. Name you want on your Certificate \_\_\_\_\_
3. Address: \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_
4. Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Education:

5. Highest Level of Education: \_\_\_\_\_
6. Name of Institution: \_\_\_\_\_
7. Other Professional Training \_\_\_\_\_

### Reflexology Experience:

8. Have you previously studied Reflexology? Yes \_\_\_\_\_ No \_\_\_\_\_
9. If yes, please provide details of the course(s) you have completed:

### Other Medical or Holistic Modalities:

10. Please check any other medical or holistic modalities you have skills in
  - Acupuncture \_\_\_\_\_ - Homeopathy \_\_\_\_\_ - Reiki \_\_\_\_\_
  - Aromatherapy \_\_\_\_\_ - Yoga \_\_\_\_\_ - Kung fu \_\_\_\_\_
  - Massage Therapy \_\_\_\_\_ - Naturopathy ----- - Breathwork \_\_\_\_\_
  - Chiropractic ----- - Pranic Touch \_\_\_\_\_ - Herbology \_\_\_\_\_

- Other (please specify): \_\_\_\_\_

**Additional Information:**

11. Why are you interested in enrolling in this Course in Reflexology?

\_\_\_\_\_  
\_\_\_\_\_

12. Have you studied Anatomy? \_\_\_\_\_

Please fill out this application and email it to. [healingindustry@gmail.com](mailto:healingindustry@gmail.com)