

Fresh Look on Life – Cindy Nolte
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31 Route 206, Suite 3, Augusta, NJ 07822

APPLICATION FOR ADMISSIONS

Name: _____ Today's Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Date of Birth: _____ Occupation: _____
Place of Employment: _____
e-mail address: _____

What program of study are you applying to?

Hypnosis Certification _____
Reiki 1 Certification _____
Animal Reiki Certification _____
Reiki 2 Certification _____
Reiki 3 Certification _____
Reiki Master/ Teacher Certification _____
Mindfulness Certification _____
Reiki Mentorship Program _____

Have you ever received: (Please check all that apply.)

Energy work _____ If yes, was your experience positive? ____ Yes ____ No
Hypnosis _____ If yes, was your experience positive? ____ Yes ____ No
Reiki _____ If yes, was your experience positive? ____ Yes ____ No
Jin Shin Jyutsu If yes, was your experience positive? ____ Yes ____ No
Other type of complementary treatment before _____

Highest Level of Education Completed: (Please List all that apply.)

High School:
College:
Graduate School:
Post-Graduate:

List any certifications that you have completed:

Please submit a 250-500-word essay of why you would like to be a Certified Hypnotist:

Medical History/ Medication:

Have you been diagnosed with any psychological disorders? Explain.

Is there anything you would like to add?

The information provided is to the best of my knowledge accurate.

Signature of Applicant:

_____ **Date:** _____