

SACRED JOURNEY INSTITUTE

CRANIOSACRAL WORK CERTIFICATION PROGRAM

APPLICATION FORM

Please type or print clearly. If you need additional space, use a separate piece of paper.

Name -----

Name as you would like it to appear on the Practitioners Certificate (if different from above)

Home Address -----

City ----- State ----- Zip -----

Office Address -----

City ----- State ----- Zip -----

Phone Numbers : Home: ----- Office: -----

Fax: ----- Email -----

Preferred address & phone number for mail list and referrals:

Schools Attended Since High School Dates Attended Area of Study Degree Date Received

Professional Experience:-----

Present Occupation:-----

Previous Study of Other Healing Arts:-----

List Current Licenses and/or Certificates in the Healing Arts from State, Federal or Other Agencies:

License:	Issuing Agency:	License #:	Issue Date:	Exp. Date:
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List Craniosacral Workshop Experience:

Name Of Program:	Dates (Mo/Yr):	Location:	# of Hours:	Instructor:
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Send \$35 processing fee with application to the Sacred Journey Institute at
16345 South Harlem Avenue, Suite 2 South, Tinley Park, IL 60477

Signed: _____ Date: _____
