



ACT
INSTITUTE

Equivalent Life Experience Application Form # ELA-20 Page 1 of 2

Step 1 Print Form: Complete this form by typed or hand written legible block letters.
Step 2 Submit : Application form and Program Registration form
Step 3 Timing: Applications must be received six weeks prior to program start date
Step 4 Send : Mail To: Act Admissions Office Fax To: (525) 55 59 98 30
 Roberto Gayol 48
 Mexico D.F. 03100

Office Use Only

Date Received: _____
 Student Name _____
 Student No. _____
 Date Approved _____
 Language English Spanish
 Other _____

Applicant Information

Name: Last _____ First _____ Address: Street _____ State _____ Zip _____ Country _____
 Telephone: Area Code _____ Number _____ FAX Area Code _____ Number _____ E- mail: _____
 Voter Registration Folio Number: _____

Training Selection

- | <input checked="" type="checkbox"/> Program | <input checked="" type="checkbox"/> Course |
|---|--|
| <input type="checkbox"/> COR-100 Core Training | <input type="checkbox"/> COR- 101 Introduction to Ericksonian Hypnosis |
| | <input type="checkbox"/> COR- 102 Basic Ericksonian Philosophy and Hypnotherapy Techniques |
| | <input type="checkbox"/> COR- 103 EMDR Level 1 |
| | <input type="checkbox"/> COR- 104 EMDR Level 2 |
| <input type="checkbox"/> HST-200 Hypnotherapy Supervisor and Teacher Training | <input type="checkbox"/> HST- 201 Hypnotherapy Supervisor |
| | <input type="checkbox"/> HST- 202 Introduction to Group Dynamics |
| | <input type="checkbox"/> HST- 203 Hypnotherapy Teacher |
| <input type="checkbox"/> SPT-300 Specialization Training | <input type="checkbox"/> SPT- 301 Hypnotherapy with Specialization |
| | <input type="checkbox"/> SPT- 302 EMDR with Specialization |
| <input type="checkbox"/> TRT-400 Trauma Therapy Training | <input type="checkbox"/> TRT- 401 Trauma Treatment |
| | <input type="checkbox"/> TRT- 402 Abduction Therapy |
| <input type="checkbox"/> Full Program | |

Qualification Documentation

Education*	Masters Degree:	Other Degrees	Other Training
	_____	_____	_____
	Institution: _____	Institutions: _____	Institutions: _____
	Date: _____	Dates: _____	Dates: _____

*Attach CV or Resume for further information as necessary

Equivalent Life Experience

Work History

Current position: Title _____ Number of years _____
 Company/institution: Name _____ Location _____
 Job Description: _____

Previous position: Title _____ Number of years _____
 Company/institution: Name _____ Location _____
 Job Description: _____

Mental Health Care Training *

Training Program: _____	Organization _____	
	Certification <input type="checkbox"/>	Letter of completion <input type="checkbox"/>
Training Program: _____	Organization _____	
	Certification <input type="checkbox"/>	Letter of completion <input type="checkbox"/>

* Attach additional training experience as needed

Related Work	Description
Private Practice	_____
Support Group	_____
Teacher	_____
Assistant Practitioner	_____
Student Teacher	_____
Community Practitioner	_____
Author	_____
Other	_____

Equivalent Life Experience

Experience equivalent to: _____

References

Please provide two professional references

Reference 1: Professional Relationship to Applicant _____

Name _____	Title _____	Day Time Phone _____
Organization _____		E-mail _____

Reference 2: Professional Relationship to Applicant _____

Name _____	Title _____	Day Time Phone _____
Organization _____		E-mail _____

Training Purpose

Please provide a brief description of the purpose for the training

How do you plan to apply the training? Please specify the location, organization and position.

General Information

How did you find out about ACT Institute?

Website Seminar Lecture Advertisement Other _____ Referral _____

Agreement

I _____ submit my application for review by ACT Institute and verify that the information provided is accurate to the best of my knowledge.

 Signature Date