



# Health Care Practitioner Application Form # HPA-10 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: \_\_\_\_\_ Address: \_\_\_\_\_  
Last First Street State Zip Country

Telephone: \_\_\_\_\_ FAX \_\_\_\_\_ E- mail: \_\_\_\_\_  
Area Code Number Area Code Number

Voter Registration Folio Number: \_\_\_\_\_

## Training Selection

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

## Qualification Documentation

<b>Education*</b>	Highest Degree: _____	Other Degrees _____	Other Training _____
	Institution: _____	Institutions: _____	Institutions: _____
	Date: _____	Dates: _____	Dates: _____

\*Attach CV or Resume for further information as necessary

## 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: \_\_\_\_\_

**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**