

S T I L L P O I N T

BIODYNAMIC CRANIOSACRAL THERAPY

APPLICATION FOR FOUNDATION TRAINING IN CRANIOSACRAL BIODYNAMICS

NEW YORK CITY, STARTING MAY 2012

Please fax your completed application to 212-254-0318

To ensure legibility, please print clearly in ink or type.

If any answers need more space, please attach as necessary.



Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

E-mail Address _____

Occupation _____

Age _____ Date of Birth _____ M/F _____

Family/relationships: *(married/partner, children)* _____

FORMAL EDUCATION AND TRAININGS:

Degrees and Certificates

DEGREES / CERTIFICATES

COMPLETION DATE

LENGTH OF TRAINING
(Hours / months / years)

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Training in Anatomy and Physiology

COURSE

LENGTH OF COURSE

HOURS OF TUITION

Previous Craniosacral Therapy Training

COURSE

LENGTH OF COURSE

HOURS OF TUITION

PROFESSIONAL CAREER

Professional Qualifications/Credentials (e.g., association registration, etc.)

Clinical Practice (Years in practice, number of clients per week, specialties etc.)

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MEDICAL HISTORY

Current and Past Medication Prescribed and recreational drugs, including alcohol, amount per week

Physical Physical illnesses, accidents, falls, etc.

Psycho-emotional Psychiatric, psychological processes that affected your functioning or well being

Hospitalizations, Surgery For physical or psychological reasons

Birth History and Childhood Any known details, any relevant history

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Cranial Experience

Your experience as a client to date, approximate number of sessions taken, any experience of Biodynamic Craniosacral Therapy? etc.

Any Past Criminal Record:

Any other relevant information:

Any other information to support your application:

Signed _____ Date _____

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