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Description automatically generated Clinical Acupressure Certification Program Enrollment Form

## March 2024

Welcome to the application process for Clinical Acupressure Certification. You are about to embark on a wonderful journey!

Please read the program requirements thoroughly before completing this application form. Your instructor should have a copy for you.

This program is for professional health and/or psychological practitioners who wish to label themselves or advertise as Clinical Acupressure practitioners.

## Note: You may use extra pages where needed. Please PRINT legibly.

**Name:** Age: Gender:

HomeAddress:

City: State: Country: Zip: Home Phone: Cell:

Home E-mail:

Office Address (if applicable):

City: State: Country: Zip: Phone:

Professional E-mail:

## Please indicate your preferred address, email and phone number for IA records, including mailing list and referrals:

Home Address OR Office Address

Home Phone OR Cell Phone OR Office Phone

Personal Email OR Professional Email

## What attracts you to this program?

**Education:**

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

## Present Occupation & Credentials:

**Previous Professional Experience:** (for the last 10 years)

**Previous Study of Other Healing Arts:** (Indicate significant programs & length of study)

**Is your involvement in the “healing world”** Full Time; Part Time; Other. If other, please briefly explain.

**List current licenses or certificates (including PA), in the Healing Arts from State, Federal or other agencies:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Issuing | License | Issuing | Expiration |
| Title | Agency | Number | Date | Date |

# Clinical Acupressure Clinical Experience

Number of years using either CA or PA: Estimate total number of treatments given:Current number of treatments per week:

Length of time required to give a typical CA session:

Do you combine CA with other modalities in your practice? No; Yes. If yes, please describe.

Please describe your personal experience giving or receiving sessions remotely

If yes, what percentage of “Pure” CA do you do in your practice?

Please describe your personal experience receiving CA and PA:

Location of most of your CA treatments: Office; Home; Out-Call; Other. If other, please briefly describe.

## Your anticipated date of completion of Certification program:

(Typically, 1 to 2 years – but 4 years are allowed)

**Please note that when you are completing your Completion of Requirements form, you need to keep a list of your own records of the classes you have taken and the dates. You also need to keep a copy of all the session reports that you have written and sent to your mentor.**

# Insight Acupressure

**CA Certification Program Statements of Understanding**

I understand that I am applying for entrance into the Clinical Acupressure Certification program.

I have read and understood the requirements of the program and am ready to embark on this journey.

As part of the enrollment process, I agree to the policy of not teaching Clinical Acupressure without formal teacher training and certification from IA.

I understand that the program is for professional health and/or psychological practitioners who wish to label themselves or advertise as Clinical Acupressure practitioners and that I may not advertise or list myself as a Clinical Acupressure Practitioner until I am certified.

I understand that Clinical Acupressure certification does not represent a legal status to practice.

I understand that it is my responsibility to satisfy any state or local requirements to practice hands-on professional work.

I understand that my Certification program does not start until my mentor has accepted my enrollment form, and my certification fee has been paid.

## Please read and then initial each of the above statements. Then date & sign this enrollment form and mail it, along with your check for the certification fee ($150.00) to your mentor.

Date:

Signature:

Acceptance by Mentor

Date:

Signature: