

**Process Acupressure Certification Program Enrollment Form**

 **March 2024**

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

Please read the program requirements thoroughly before completing this application form.

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

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

**Name:**  Age: Gender:

Home Address:

City: State: Country: Zip:

Home Phone: Cell Phone:

Home E-mail:

OfficeAddress (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

**Process Acupressure Clinical Experience**

Number of years using PA and CA:

Estimate total number of PA treatments given:

Current number of PA treatments per week:

Length of time required to give a typical PA session:

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

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

Please describe your personal experience receiving PA and CA:

Please describe your personal experience giving or receiving PA or CA remotely (if any).

Location of most of your PA treatments: \_\_\_ Office; \_\_\_Home; \_\_\_ Out-Call; \_\_\_ Other. If other, please briefly describe.

**Is there a particular person you would like as your mentor?**

You will receive confirmation of your mentor when you receive your Acceptance Letter.

**Your anticipated date of completion of Certification program:**

(Typically, 2 to 3 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**

**Process Acupressure Certification Program Statements of Understanding**

\_\_\_ I understand that I am applying for entrance into the Process 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 Process or 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 Process Acupressure practitioners and that I may not advertise or list myself as a Process Acupressure Practitioner until I am certified.

\_\_\_ I understand that Process 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 I choose a mentor 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:**

**Please make your check payable to your mentor.**

Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acceptance by Mentor

Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_