



FULL PROGRAM APPLICATION FORM
 For General Public and for Professionals
 Integrated Aromatics Sciences Practitioner™ Program

THE INSTITUTE OF ENERGY WELLNESS STUDIES
 Affiliated with U-E.H.S. University Energy Health Sciences
 BRINGING INFINITE POSSIBILITIES INTO PRACTICE

the art and science of energy medicine

Name:		Date:
Address:		Home Tel:
City:	State/Prov:	Work Tel:
Zip/PC:	Country:	Fax:
Date of Birth:	Marital Status:	Email:
Place of Birth:	Citizenship:	Personal Website:
Undergraduate Institution (if applicable):		Graduate Institution (if applicable):
Degree Awarded/Field:		Degree Awarded/Field:
Date Graduated:		Date Post Graduated:
Professional Major Interests:		
Professional Minor Interests:		
Who referred you? (name and phone#):		

Questions or concerns about the program contact: admin@energywellnessstudies.com

<input type="checkbox"/> Attached is my typed essay explaining why I wish to enter the natural medicine profession <input type="checkbox"/> Attached is a brief summary resume	<input type="checkbox"/> Attached is a head shot photograph of myself												
Payment accepted <input type="checkbox"/> Pay Pal <input type="checkbox"/> Cheque Or email for other payment options: admin@energywellnessstudies.com	<table border="1"> <tr> <td colspan="2">All fees are in US dollars. Two payment options:</td> </tr> <tr> <td>Payment per Module = \$335.00 USD (includes HST) Course Fee</td> <td>\$ _____</td> </tr> <tr> <td>OR Pay in full for Modules 1-4 = \$1,340 USD Course Fee</td> <td>\$ _____</td> </tr> <tr> <td>One-time Non-Refundable Application/Administration Fee</td> <td>\$ <u>49.00</u> USD</td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal \$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total Due \$ _____</td> </tr> </table>	All fees are in US dollars. Two payment options:		Payment per Module = \$335.00 USD (includes HST) Course Fee	\$ _____	OR Pay in full for Modules 1-4 = \$1,340 USD Course Fee	\$ _____	One-time Non-Refundable Application/Administration Fee	\$ <u>49.00</u> USD	Subtotal \$ _____		Total Due \$ _____	
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Subtotal \$ _____													
Total Due \$ _____													

This application process for acceptance into the IASP Program is for the general public and all credentialed and qualified doctors (any kind) nurses, counselors, body workers and other therapists and holistic practitioners.