

**FOCUS ON HEALING REFLEXOLOGY CERTIFICATION TRAINING
ADMISSION APPLICATION**

NAME _____ DOB _____

ADDRESS _____

City _____ State _____ Zip Code _____

PHONE _____

Work _____ Home _____ Fax _____
ETHNICITY ___ African American ___ Hispanic ___ Asian ___ Native American ___ White
___ Other _____ SEX ___ Male ___ Female

EDUCATION: HIGHEST GRADE COMPLETED- ___12 ___GED ___1-3 College ___Undergraduate ___Graduate

HIGH SCHOOL _____ YEAR GRADUATE _____

COLLEGE _____ YEAR GRADUATE _____

MAJOR _____ DEGREE _____

COLLEGE _____ YEAR GRADUATE _____

MAJOR _____ DEGREE _____

TECHNICAL SCHOOL _____ YEAR GRADUATE _____

MILITARY SERVICE ___ NO ___ YES TRAINING RECEIVED _____

Do you currently hold any licenses (medical; cosmetology; counseling ect) ___ YES ___ NO
If yes what licensure do you hold _____

WORK EXPERIENCE:

List work experience for the last three (3) years beginning with the most recent and describe responsibilities:

1.EMPLOYER _____

POSITION _____ DATE _____

RESPONSIBILITIES _____

2.EMPLOYER _____

POSITION _____ DATE _____

RESPONSIBILITIES _____

3.EMPLOYER _____

POSITION _____ DATE _____

RESPONSIBILITIES _____

PROSPECTIVE STUDENT ASSESSMENT:

Briefly tell us about yourself:

WHAT ARE YOUR CAREER GOALS: _____

WHERE DO YOU SEE YOUR SELF IN FIVE YEARS: _____

WHY DO YOU WANT TO TAKE THIS COURSE: _____

STATE BRIEFLY WHY YOU FEEL YOU WILL SUCCEED AS A REFLEXOLOGIST: _____

HOW DO YOU PLAN TO USE YOUR REFLEXOLOGY TRAINING AFTER COMPLETING THE COURSE:

DO YOU SEE TAKING THIS COURSE AS A HOBBY? ___ YES ___ NO IF NOT WHAT DO YOU SEE IT BEING FOR YOU _____

Signature

Date

**Send Completed Application by Mail To: Focus On Healing, Inc. (FOH)
Post Office Box 26132
Washington, D.C. 20001**

By Fax To: (301) 779-8006