

Institute of Holistic Health Careers™

Educating Wellness Professionals

Columbus: 614.299.9438

Cleveland: 216.226.2912

APPLICATION FOR ADMISSION TO EXPERT CALLS PROGRAM

Instructions: Print out and fill out form in ink, or click on the gray squares and fill in with your computer, print out and sign. Follow routing instruction at end of form.

FIRST NAME	M.I.	LAST NAME	DOB	AGE
STREET ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DAYTIME PHONE	EVENING PHONE	MOBILE PHONE	
EMAIL ADDRESS		BEST DAY /TIME FOR FACULTY INTERVIEW		
Have you completed High School <input type="checkbox"/> Yes <input type="checkbox"/> No If not, have you earned a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
HIGH SCHOOL NAME			GRADUATION YEAR (OR GED EARNED)	
COLLEGE NAME	ADDRESS	HOURS OR DEGREE		
			<input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional	
			<input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional	
HOLISTIC, COMPLEMENTARY OR ALTERNATIVE HEALTH TRAINING	DATES	LOCATION		
WORK EXPERIENCE: POSITION	COMPANY NAME	DATES	LOCATION	

Class Application and Fees: Expert Calls Program

Instructions: A personal interview with the school is required for this training. Payment plans available will be discussed during your interview.

CLASS NAME	Main Class Location	STARTING MONTH AND YEAR DESIRED	FEEs	TOTAL
Expert Calls	Tele/Dist		DEPOSIT \$200.00	
TOTAL: (Include with completed registration form):				

NOTE: All tuition fees materials fees, grants, scholarship and payment plans for the Expert Calls Program will be discussed after the application has been received and you have been accepted into the program, but prior to your registration. Application fee is NON-REFUNDABLE. See School Catalog for more information. A school financial administrator will set up a meeting or call you to go over all payment details.

The Foregoing Application Is True And Correct:

signed: **X**

Date:

Payment Information: Choose a payment method below

Check, # _____

Make check payable to:

Ruggieri and Associates

Card Type: MasterCard Visa Discover Debit

Credit Card Number: _____ Pin No: _____

Name on Card _____ Expiration: _____

Cardholder Signature: : **X**

**** ALL PERSONAL INFORMATION IS KEPT CONFIDENTIAL ****

Emergency Information

EMERGENCY CONTACT PERSON NAME	DAYTIME PHONE	MOBILE PHONE
CONTACT PERSON ADDRESS		
EVENING PHONE	OTHER METHOD OF CONTACT	
NEXT OF KIN (OTHER THAN PERSON ABOVE)	DAYTIME PHONE	MOBILE PHONE
NEXT OF KIN ADDRESS		
EVENING PHONE	OTHER METHOD OF CONTACT	
PRIMARY HEALTHCARE PRACTITIONER NAME	PHONE NUMBER	
HEALTH INSURANCE COMPANY NAME	PHONE NUMBER	

Professional/ Work Reference

CONTACT PERSON NAME	DAYTIME PHONE	MOBILE PHONE
CONTACT PERSON ADDRESS		
EMAIL ADDRESS	RELATIONSHIP TO APPLICANT	

Medical History

List any past conditions, including any injuries:
List any current conditions, including any medications:
If currently under doctor's care, please explain:
List any holistic healthcare you currently receive (nutritional, acupuncture, bodywork, etc.):
List special conditions it would be important for IHHC to be aware of:
If you have been hospitalized recently, please explain:

Confirmation Statement

To the best of my knowledge, I can state that I am in good physical, mental and emotional health, and I am physically able to give and receive bodywork with no adverse effects to my well-being. The information stated in the above medical history is accurate and is current information concerning the status of my health.

The foregoing health information

is true and correct, signed: **X**

Date:

Application Submission Information

Mail completed application with payment to:

Institute of Holistic Health Careers
ATTN: Recruiting Director
170 W 5th Avenue
Columbus, OH 43201

Fax to: 614-291-7252

Email Scan of Completed Application as Attachment:

4energy@holistichealthcareers.com

All checks should be made payable to our parent company, **Ruggieri and Associates**

Contact information for Campus visits in **Cleveland**:

Institute of Holistic Health Careers
12700 Lake Ave. #2313
Lakewood, OH 44107

Or call: 216-226-2912

*Applications will only be processed after payment has been received.
Credit cards can be taken over the phone by calling
614-299-9438*