

Elective: _____

Hands on Healing Institute Elective Application



Name: _____
 First Middle Last

- Check here if information and health history on file remains the same. **(initial)** _____
- Check here if new registration. **(Fill out both sides of application)**
- Check here if new *information* since last application. **(Fill out as applicable)**

HHI Alumni: yes no
 If **no** then:
 School Name _____

Transcripts needed

Street Address: _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

E-mail _____

How did you hear about us? Friend Yellow pages Flyer Internet Other _____

EMERGENCY CONTACT (nearest person):

Name: _____

Phone: _____ Relationship _____

EDUCATION

Please list any high schools, colleges, universities, business or trade schools that you have attended:

<i>Name & Address</i>	<i>Dates Attended</i>	<i>Degree & Major</i>
_____	_____	_____
_____	_____	_____

HEALTH HISTORY

Are you presently or have you ever been under the care of a doctor, holistic or otherwise? Yes No

Have you ever had psychiatric care? Yes No If yes, please elaborate: _____

Are you currently on any medications? Please list. _____

Please list any major surgeries, illnesses, injuries, concussions, accidents, etc.: _____

Hands on Healing Institute 6708 Foothill Boulevard, Tujunga, CA 91042

Phone (818) 951-5811 Fax (818) 951-5813 E-mail: electives@gotohi.org www.gotohi.org

FEMALE APPLICANTS ONLY

Are you pregnant? Yes No Maybe

ALL APPLICANTS

Please mark each item that applies with a "P" for past condition or a "C" for current condition. If you have a condition that is not listed below, please mark "Other" and specify in the space provided.

Cardiovascular:

- Arteriosclerosis
- Heart attack
- Hypertension
- Murmurs
- Stroke
- Other: _____

Gastrointestinal:

- Constipation
- Diarrhea
- Gastritis
- Hepatitis
- Hernia
- Other: _____

Respiratory:

- Asthma
- Bronchitis
- Emphysema
- Pneumonia
- Tuberculosis
- Other: _____

Musculoskeletal:

- Arthritis
- Fascia disease
- Joint disease
- Tendonitis
- Varicose veins
- Other: _____

Head, Eyes, Nose, Throat:

- Cataracts
- Dizziness
- Impaired hearing
- Loss of consciousness
- Nosebleeds
- Other: _____

Endocrine:

- Anemia
- Cancer (Which part of the body? _____)
- Diabetes
- Epstein-Barr Syndrome
- Any communicable disease? Specify: _____
- Other: _____

Skin:

- Athlete's foot
- Hives
- Psoriasis
- Other: _____

Urogenital:

- Herpes
- Candidiasis
- Gonorrhea
- _____ Kidney Stones
- Other: _____

- Other _____
- _____
- _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Signature: _____

Date: _____

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ELECTIVE FEES, POLICIES & REGISTRATION

Elective: _____ Hours: _____

Class Start Date: _____ End Date _____ Fee: _____

Q I have already taken this course and will be auditing at a 50% reduction in the course price.
Tuition \$ _____

Registration Information:

Please call or visit the school to enroll
Prepayment is required for enrollment.
Certificate will be offered upon completion
Schedule subject to change: please call to confirm
Completed application is required for enrollment

School Use Only				
Date	Amount	Cash/check#/ cc#(last 4/exp)	Balance	Init
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Payment Policy:

You may reserve your space in the class with a \$25 deposit. This deposit will be applied to the class cost.

EARLY BIRD DISCOUNT: Sign up and pay* 5 business days prior to class start date and receive a \$10.00 discount on classes that are 8 hours or less and \$20.00 discount for classes 9 hours or longer.

*20 hours or less: Full tuition fees are due 5 business days prior to class start date

21 hours or more: Tuition fees are divided into two equal parts: The first part of tuition is due 5 business days prior to class start date; the second part is due midway through the class. Student will not be permitted to continue class unless second payment is made.

Cancellation & Withdrawal Policy:

Students must cancel at least two business days prior to class start date in order to receive a credit or refund. No Shows are not eligible for a refund or credit. Students who have paid for class and drop class (or miss hours) after start date will be allowed to audit the NEXT CLASS ONLY (at half price for the hours missed) or tutor with the instructor, but will receive no refund or credit. If hours are not made up in next class, students will have to repeat the course at full tuition in order to receive their certificate. Exceptions to this will be made at the discretion of the Director. In order to receive certification, students may be required to complete and pass a written and/or practical test.

Required Material:

Students must bring their own basic supplies (e.g. linens, lotion, etc) and any required material for course.
See web site for Course requirements - <http://www.gotohhi.org/amt.html>

Note:

Class schedules are subject to change. Please check the online "Calendar" link at bottom of page for the most current information, updates and class schedules. Hands on Healing Institute reserves the right to add, cancel or postpone classes, change dates, instructors, or policies, and/or raise tuition from any published literature.

Our advanced electives are registered with the State of California. Registration means we have met certain minimum standards imposed by the state for registered schools on the basis of our written application to the state. Registration does not mean we have met all of the more extensive standards required by the state for schools that are approved to operate or licensed or that the state has verified the information we submitted with our registration form.

Our registered advanced electives are accepted for city licensing and by the California Massage Therapy Council for State Certification.

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CLASSROOM PROTOCOL FOR HHI ELECTIVES

Class time: Please arrive at least 15 minutes prior to class start time out of respect for the instructor, fellow classmates and the material being taught.

Opening Circle for Meditation and/or Stretching: Many of our classes begin with an opening circle. Please make yourself comfortable with pillows or chairs.

Class Materials & Information: You may already have some knowledge of the class materials. We ask that you put that aside and be open to receiving the wisdom of our instructors. Please refrain from engaging in debates with the instructor and bringing in your own ideas on the subject matter unless the instructor has opened the class up for input or discussion. Always follow the stroke sheets; do not practice your own techniques. If you are unable to follow these guidelines, you will be asked to leave the class.

Student Behavior/Dress Code: All incidents in which a student is misbehaving or dressed inappropriately (Comfortable loose clothing should be worn. No short skirts, short-shorts, low cut tops, underwear showing, low-riding pants or bare midriffs. Clothing should be professional.) will be written up on an Incident Report form and turned into the office. The student may also be sent home if the situation isn't resolved promptly.

Classroom Discussions: Please do not discuss politics, any sexual matters or your own personal story if it does not pertain to the class materials. Solicitations or promotions of any kind will not be tolerated.

Proper Disrobing in class: Use the provided changing rooms and toga-style wrapping with the top sheet when disrobing to receive a massage.

Use of Essential Oils, Sage or Incense: Please do not use Essential Oils unless it is an Aromatherapy class. If you feel the need of the benefits of Essential Oil, please go outside while this is being done. Please do not use sage or incense. Please refrain from using cologne or perfume on class days.

My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and the guidelines and policies of Hands on Healing Institute.

D Student's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____

PRINT NAME FOR CERTIFICATE _____