

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 <b>no</b> then: School Name _____  ä Transcripts needed
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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 &amp; Address</i>	<i>Dates Attended</i>	<i>Degree &amp; Major</i>
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### 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.: \_\_\_\_\_

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**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:** \_\_\_\_\_

**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

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.  
A \$20 fee is assessed for late registration.

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

20 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.

**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 and updates and class schedules.

My signature below certifies that I have read, understood, and agreed to my rights and responsibilities.

**D** Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRINT NAME FOR CERTIFICATE** \_\_\_\_\_

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