

Name:

Address:

Phone Number: Office/Home:

cell:

email:

website:

Skill-set to offer:

Do you have a targeted group that you are specially trained to deal with ?
ie children, elderly, pregnant

Training/Courses/School/Degree:

Give the Schools name, location and year of graduation as well

Why do you want to be a part of Heal One World?

Are you willing to donate your time?

What, if necessary is your sliding scale fee schedule? for Class

for Private Consultation/Treatment?

Do you have space to give the consultation or a class? Where?

Would you be willing to participate in a video to promote wellness and give instruction to be used by people in their homes?

Do you have any wellness articles, instructions or recipes to donate to the site?

What is your schedule? What days/times are you currently available?

Any restrictions we should know about?

Please list your professional licenses

References:

Personal: Name	Address	Phone number	Yrs. Known
----------------	---------	--------------	------------

1.)

2.)

3.)

Professional:Name	Address	Phone Number	Association
-------------------	---------	--------------	-------------

1.)

2.)

3.)

Emergency Contact: Name, Phone number, relationship

By signing this application I certify that all statements are correct and give Heal One World permission to check my references and credentials. I understand that if I am accepted as a donating practitioner I am not an employee with Heal One World.

X _____ Date _____

Printed Name

Please Return to: email: skye@healoneworld.com
 Mail: Heal One World PO Box 64184 Los Angeles, CA 90064