



Process Acupressure Certification Program Enrollment Form January 2021

Welcome to the application process for Process Acupressure Certification. You are about to embark on a wonderful journey!

Please read the program requirements thoroughly before completing this application form. (They are found in the PA Certification Program Overview document on SLI website under PA Certification.)

This program is for professional health and/or psychological practitioners who wish to label themselves or advertise as Process Acupressure practitioners.

Note: You may use extra pages where needed. Please PRINT legibly.

Name:

Age:

Gender:

Home Address:

City:

State:

Country:

Zip:

Home Phone:

Cell Phone:

Home E-mail:

Office Address (if applicable):

City:

State:

Country:

Zip:

Phone:

Professional E-mail:

Please indicate your preferred address, email and phone number for SLI records, including mailing list and referrals:

___ Home Address OR ___ Office Address

___ Home Phone OR ___ Cell Phone OR ___ Office Phone

___ Personal Email OR ___ Professional Email

What attracts you to this program?

Education:

<u>Schools attended Since High School</u>	<u>Dates Attended</u>	<u>Area of Study</u>	<u>Degree</u>	<u>Date Received</u>
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Present Occupation & Credentials:

Previous Professional Experience: (for the last 10 years):

Previous Study of Other Healing Arts: (indicate significant programs & length of study)

Is your involvement in the “healing world” ___ Full Time; ___ Part Time; ___ Other. If other, please briefly explain.

List current licenses or certificates (including PA), in the Healing Arts from State, Federal or other agencies:

<u>Title</u>	<u>Issuing Agency</u>	<u>License Number</u>	<u>Issuing Date</u>	<u>Expiration Date</u>
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Process Acupressure Clinical Experience

Number of years using PA and CA:

Estimate total number of PA treatments given:

Current number of PA treatments per week:

Length of time required to give a typical PA session:

Do you combine PA with other modalities in your practice? ___ No; ___ Yes. If yes, please describe.

If yes, what percentage of “Pure” PA do you do in your practice?

Please describe your personal experience receiving PA and CA:

Please describe your personal experience giving or receiving PA or CA remotely (if any).

Location of most of your PA treatments: ___ Office; ___ Home; ___ Out-Call; ___ Other. If other, please briefly describe.

Is there a particular person you would like as your mentor?

Please note that the list of PA Mentors is on the SLI website under PA Certification. Whenever possible, we will honor your request. You will receive confirmation of your mentor when you receive your Acceptance Letter.

Your anticipated date of completion of Certification program:

(Typically, 2 to 3 years – but 4 years are allowed)

Please note that when you are completing your Completion of Requirements form, you may request your student transcript from the Certification Director, and it will be emailed to you.

(certification@soullighting.com)

Soul Lightening International

Process Acupressure Certification Program Statements of Understanding

___ I understand that I am applying for entrance into the Process Acupressure Certification program.

___ I have read and understood the requirements of the program and am ready to embark on this journey. (PA Certification Overview Doc is on SLI website under PA Certification)

___ As part of the enrollment process, I agree to the policy of not teaching Process or Clinical Acupressure without formal teacher training and certification from SLI.

___ I understand that the program is for professional health and/or psychological practitioners who wish to label themselves or advertise as Process Acupressure practitioners and that I may not advertise or list myself as a Process Acupressure Practitioner until I am certified.

___ I understand that Process Acupressure certification does not represent a legal status to practice.

___ I understand that it is my responsibility to satisfy any state or local requirements to practice hands-on professional work.

___ I understand that my Certification program does not start until the certification director has accepted my enrollment form, I have been assigned a mentor and my certification fee has been paid.

Please read and then initial each of the above statements. Then date & sign this enrollment form and mail it, along with your check for the certification fee (\$150.00) to:

Soul Lightening International, P.O. Box 339, Greensboro, MD 21639

Please make your check payable to: Soul Lightening International

Date:

Signature: _____

Acceptance by Director of Certification

Date:

Signature: _____

