S T I L L P O I N T

B I O D Y N A M I C   C R A N I O S A C R A L   T H E R A P Y

APPLICATION FOR ADVANCED TRAININGS IN CRANIOSACRAL BIODYNAMICS

Please fax your completed application to 212-254-0318

To ensure legibility, please print clearly in ink or type.

If any answers need more space, please attach as necessary.

Name ______________________________

Address ______________________________

City ______________ State ________ Zip ________

Home Phone ______________ Cell Phone ______________

Work Phone ______________________________

E-mail Address ______________________________

Occupation ______________________________

Age ______________ Date of Birth ______________ M/F ________

Family/relationships: *(married/partner, children)* ______________________________

FORMAL EDUCATION AND TRAININGS:

Craniosacral Foundation Training Certification

INSTRUCTOR / INSTITUTION	COMPLETION DATE

Previous Craniosacral Therapy Training

COURSE	LENGTH OF COURSE	HOURS OF TUITION

Training in Anatomy and Physiology

COURSE	LENGTH OF COURSE	HOURS OF TUITION

Degrees and Certificates

DEGREES / CERTIFICATES	COMPLETION DATE	LENGTH OF TRAINING *(Hours / months / years)*

PROFESSIONAL CAREER

Professional Qualifications/Credentials *(e.g., association registration, etc.)*

Clinical Practice *(Years in practice, number of clients per week, specialties etc.)*

MEDICAL HISTORY

Current and Past Medication *Prescribed and recreational drugs, including alcohol, amount per week*

Physical *Physical illnesses, accidents, falls, etc.*

Psycho-emotional *Psychiatric, psychological processes that affected your functioning or well being*

Hospitalizations, Surgery *For physical or psychological reasons*

Birth History and Childhood *Any known details, any relevant history*

Cranial Experience

Your experience as a client to date, approximate number of sessions taken, any experience of Biodynamic Craniosacral Therapy? etc.

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Any Past Criminal Record:

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Any other relevant information:

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Any other information to support your application:

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Signed ______________________________ **Date** ____________

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