

# Hendrickson Method® Institute

## Provider Locator Request Form

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Use this business address, business phone, and email address for the site:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Business phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ I do not want my business address listed. Please write in "address available upon request".

**Please list the Hendrickson Method professional certification courses you have completed:**

| Course Title | Year  | Location |
|--------------|-------|----------|
| _____        | _____ | _____    |
| _____        | _____ | _____    |

After your request is received we will create a listing for you based on the information you provided. Shortly afterward you will receive an email from the website letting you know your user name and temporary password that will allow you to log in and customize your listing.

If you have any questions about the Provider Locator please contact our office at 510-524-3107 or [school@hendricksonmethod.com](mailto:school@hendricksonmethod.com).

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**Hendrickson Method Institute**  
**388 Colusa Avenue, Kensington, CA 94707, 510-524-3107**