



# Four Winds Academy Healer Certification Program Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

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

Previous Experience: (If additional space is needed continue on a separate sheet)

Teachers: \_\_\_\_\_

\_\_\_\_\_

Courses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certifications: \_\_\_\_\_

\_\_\_\_\_

Academic Qualifications: \_\_\_\_\_

\_\_\_\_\_

Work Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Life Experiences:  
(Circle those that apply)

Overcoming Chronic Illness  
Personal Revelation  
Healing Experience

Near Death Experience  
Transformational Experience  
Personal Growth Counseling

Vision  
Travel Insights  
Spiritual Experience



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A Brief Explanation Why You Want to Do This Course: \_\_\_\_\_

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What You Hope to Learn: \_\_\_\_\_

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I understand that this is an application form and completion of this form does not guarantee acceptance into the program, until signed by a principal course instructor.

\_\_\_\_\_  
Signed by Applicant

Date: \_\_\_\_\_

Accepted:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signed by Principal Instructor

FourWinds Academy admits students of any race, color, national or ethnic origin.