

Homeopathy School of Colorado

If you have attended homeopathic courses or classes, please list date and instructor/institution:**

**If you are seeking transfer credit for any formal homeopathic coursework, please attach a transcript.

List any experience you have had with homeopathic treatment.

Identify any personal skills that would help you be a successful homeopath.

Once you complete the HSC program, do you plan to establish practice as a homeopath? Yes No

Where did you learn about the *Homeopathy School of Colorado*? Please check all that apply.

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|--|--|--|--|
| <input type="checkbox"/> Friend/family | <input type="checkbox"/> Nexus magazine | <input type="checkbox"/> Healing Path magazine | <input type="checkbox"/> Four Corners magazine |
| <input type="checkbox"/> Natural Healers.com | <input type="checkbox"/> Web search engine | <input type="checkbox"/> Boulder Weekly | <input type="checkbox"/> Phone Book |
| <input type="checkbox"/> HSC mailing | <input type="checkbox"/> Other, please list: | | |

Mail the following to the *Homeopathy School of Colorado* PO Box 20340, Boulder, CO 80308-3340:

- Completed HSC Application
- Copy of a college transcript documenting a minimum of 30 semester (45 quarter) units of earned credit or statement/documentation of equivalent experience.
- Letter of Intent
- \$75 Application Fee (Make checks payable to the *Homeopathy School of Colorado*)

I verify that the above information is true and correct.

Signature

Date